

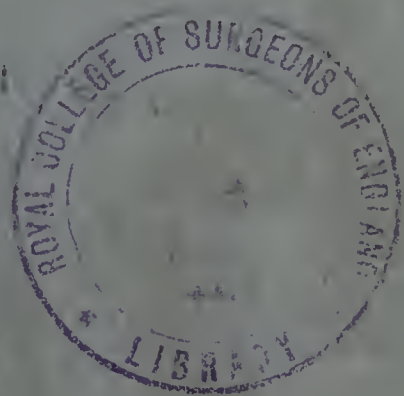
ANNUAL REPORT  
OF THE  
SANITARY COMMISSIONER WITH THE  
GOVERNMENT OF INDIA,

FOR

1909,

WITH

APPENDICES AND RETURNS OF SICKNESS AND MORTALITY AMONG  
EUROPEAN TROOPS, NATIVE TROOPS, AND PRISONERS  
IN INDIA, FOR THE YEAR.



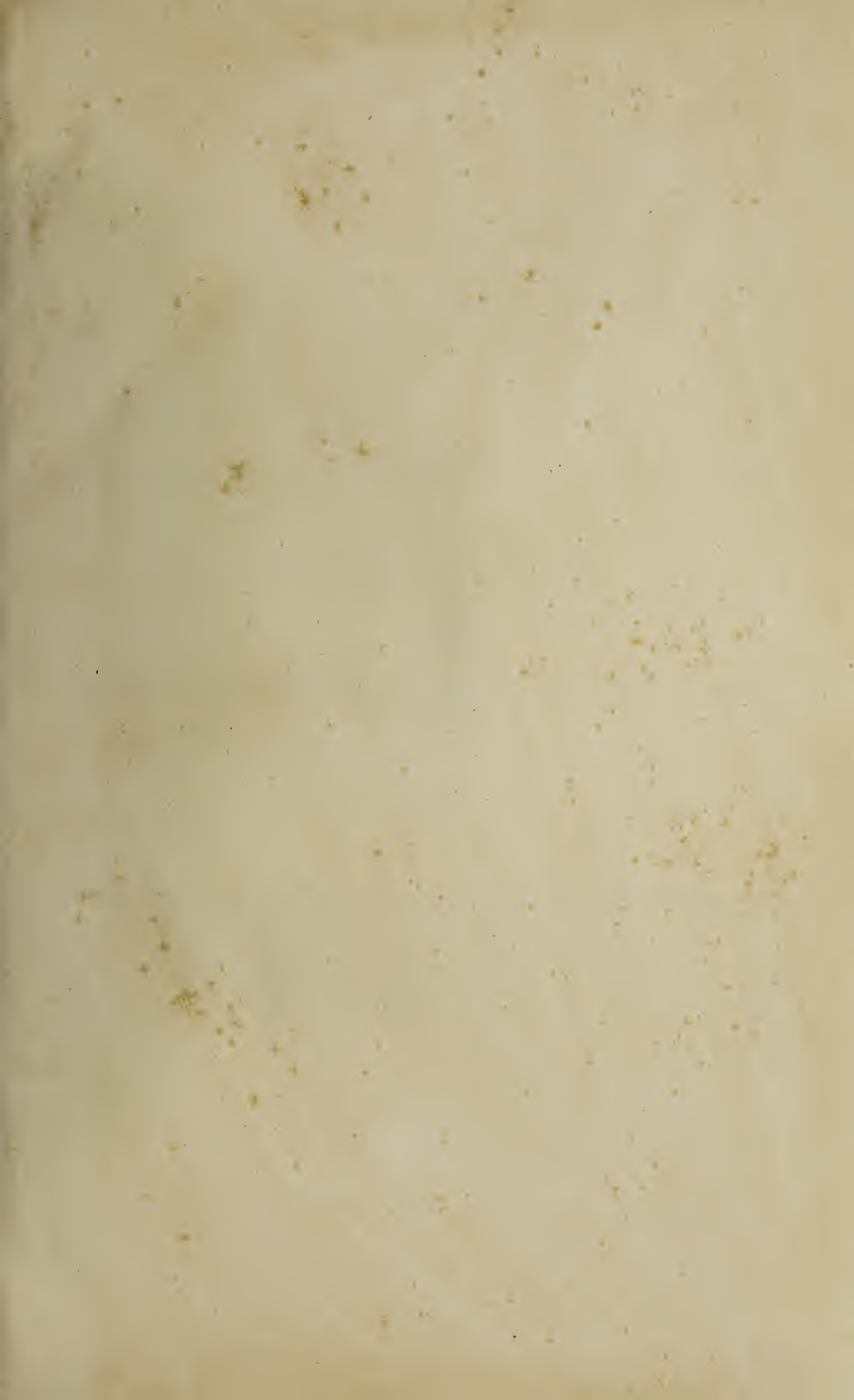
CALCUTTA  
SUPERINTENDENT GOVERNMENT PRINTING INDIA  
1911

Price Three Rupees or 4s. 6d.



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ANNUAL REPORT

OF THE

SANITARY COMMISSIONER WITH THE GOVERNMENT  
OF INDIA

1909.

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1911





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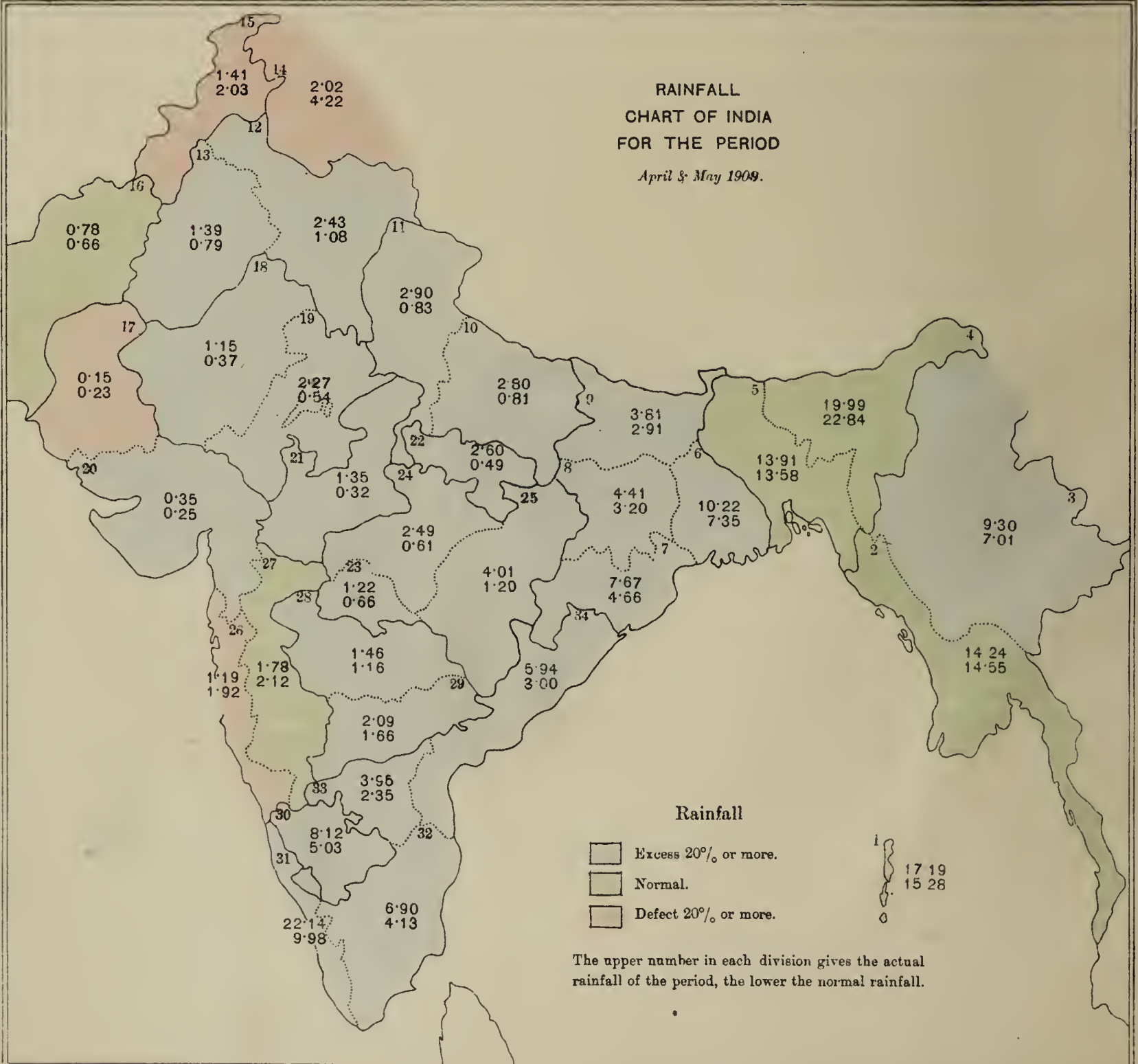
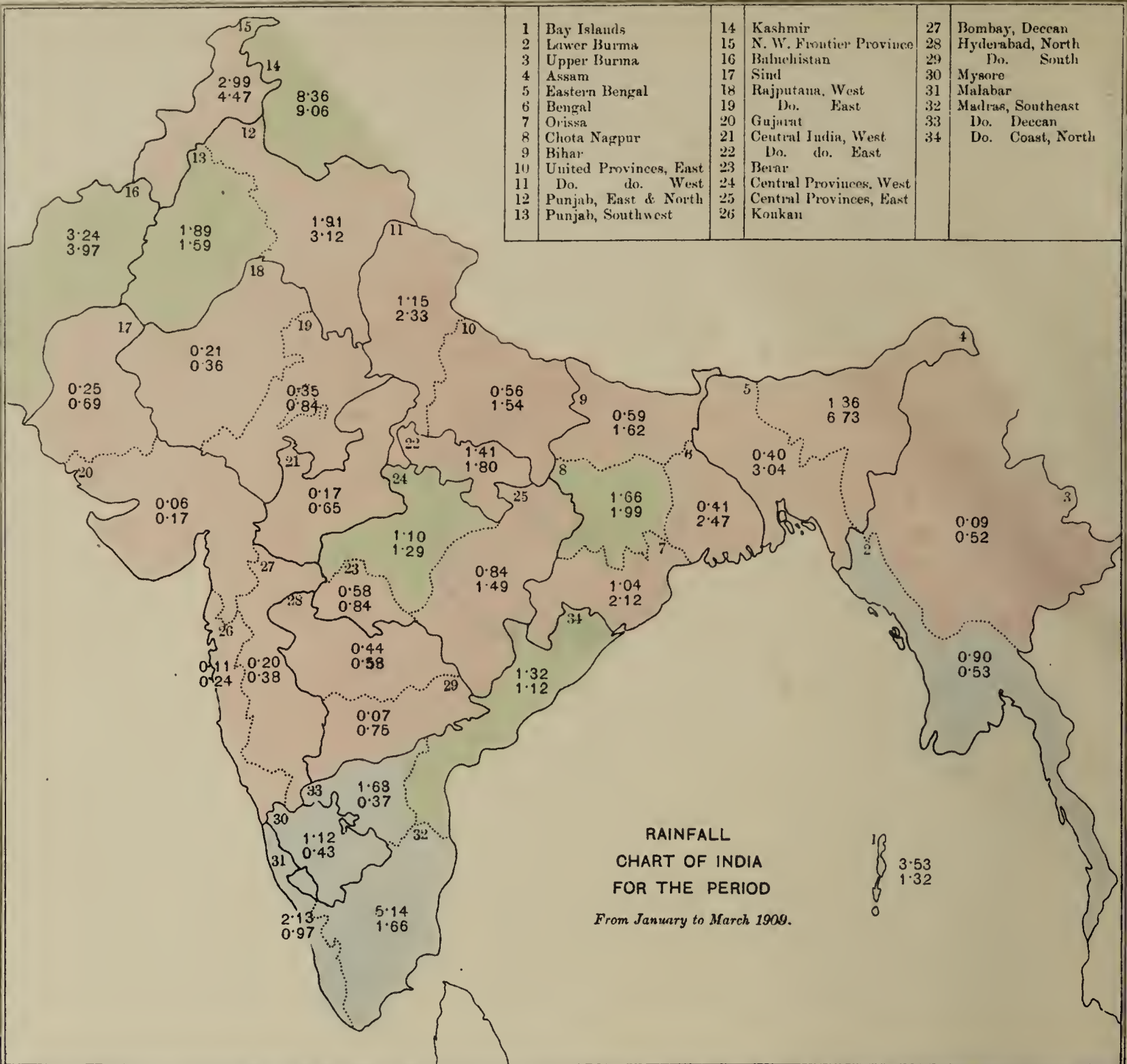
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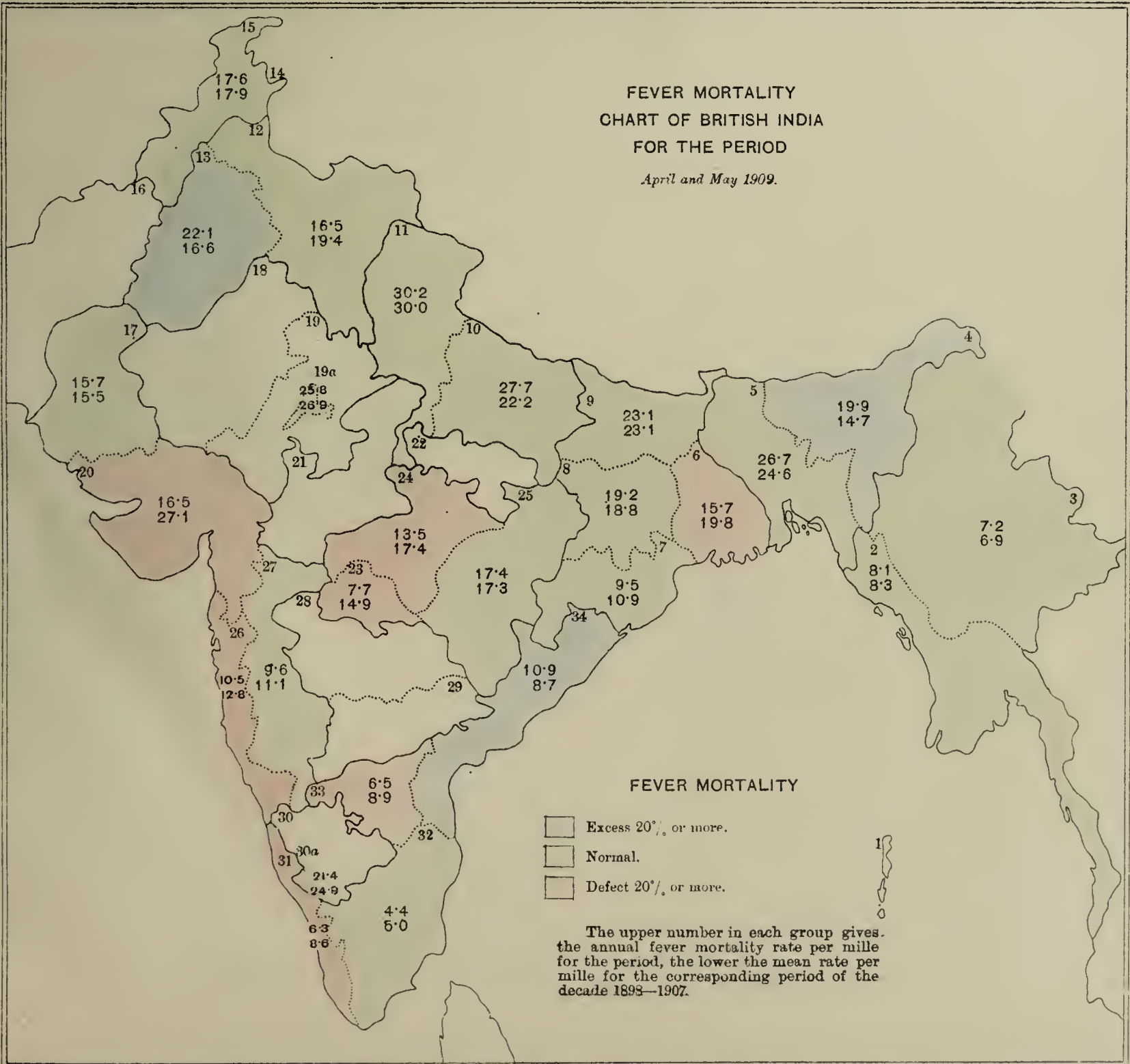
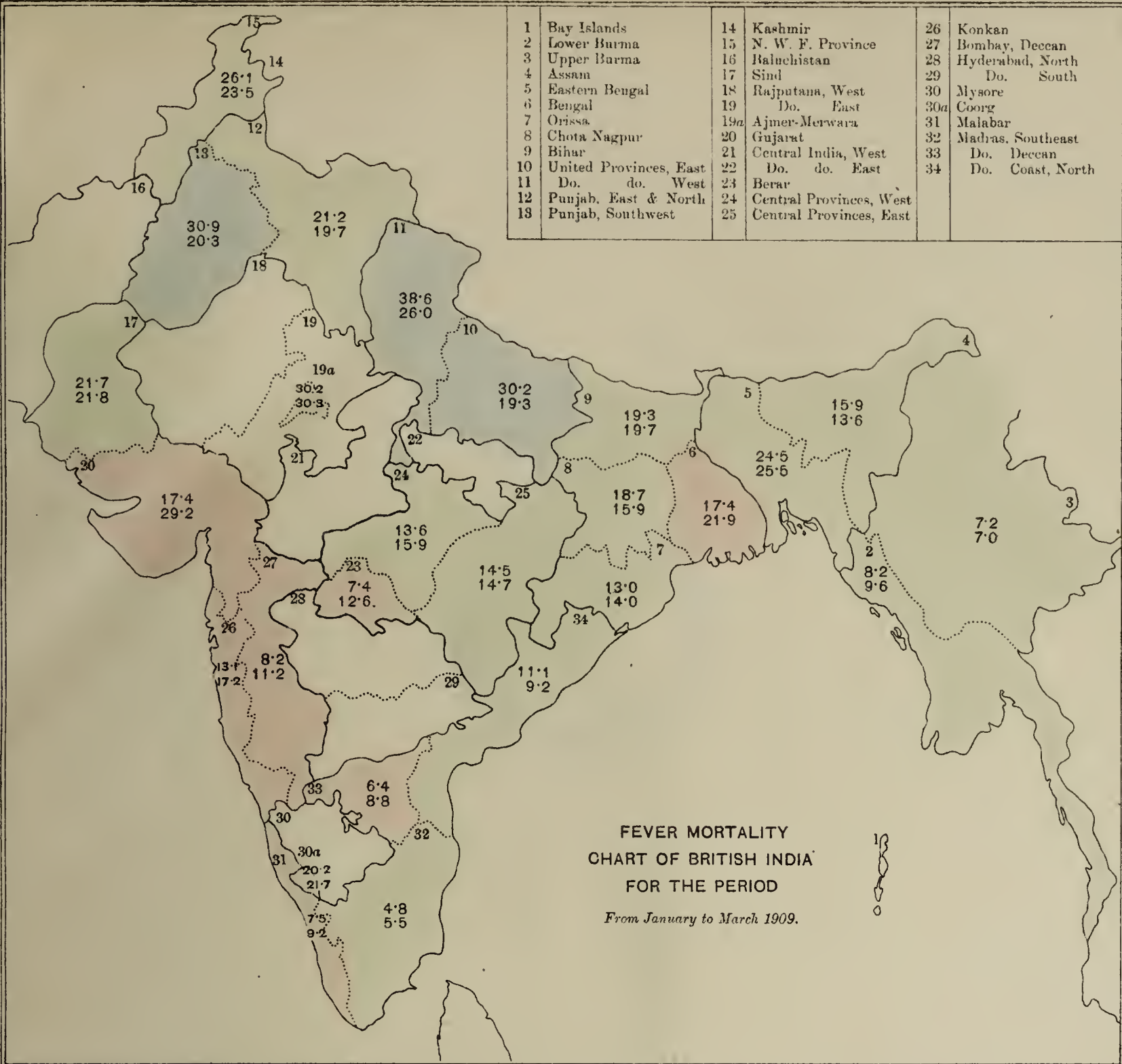








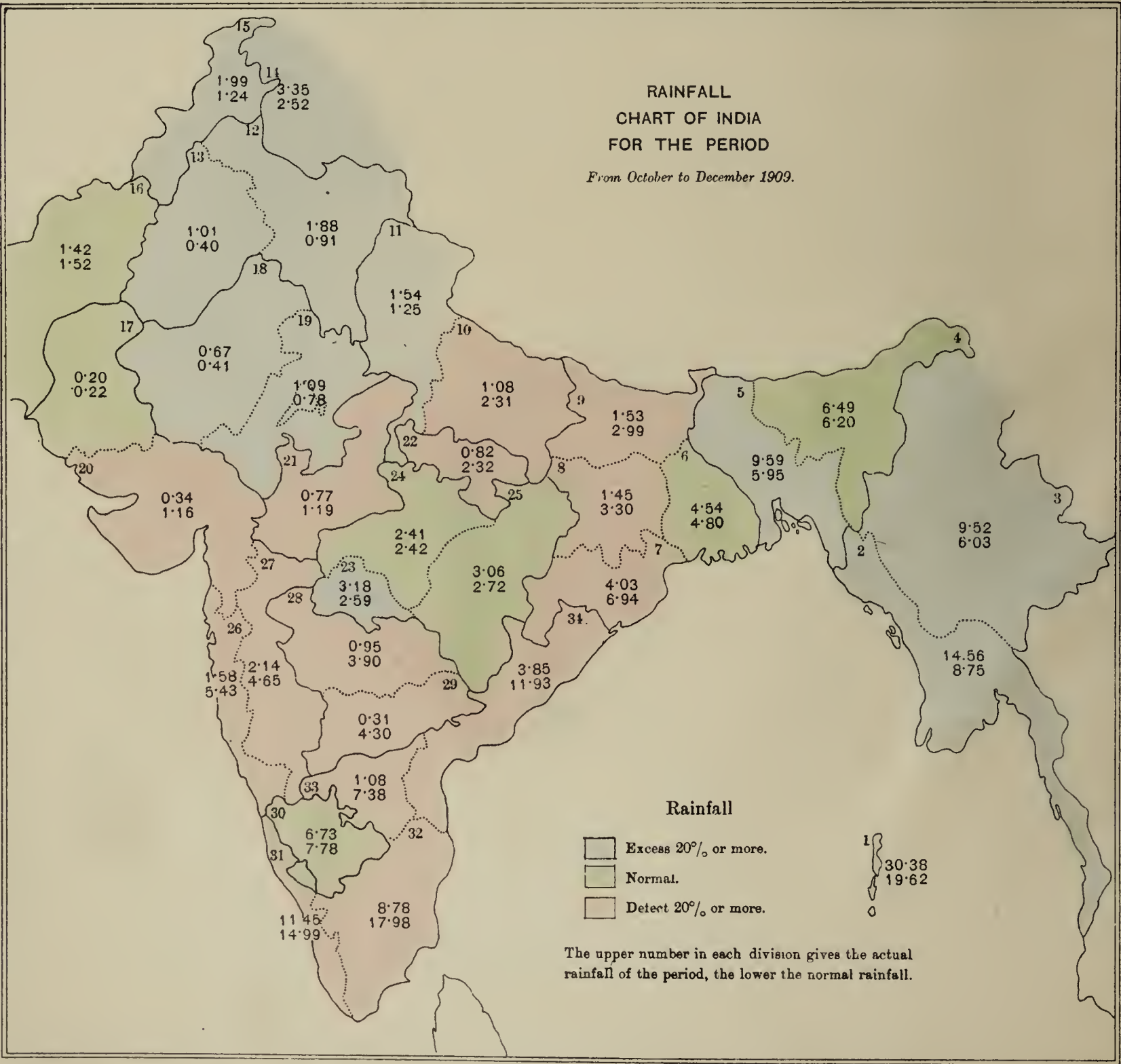
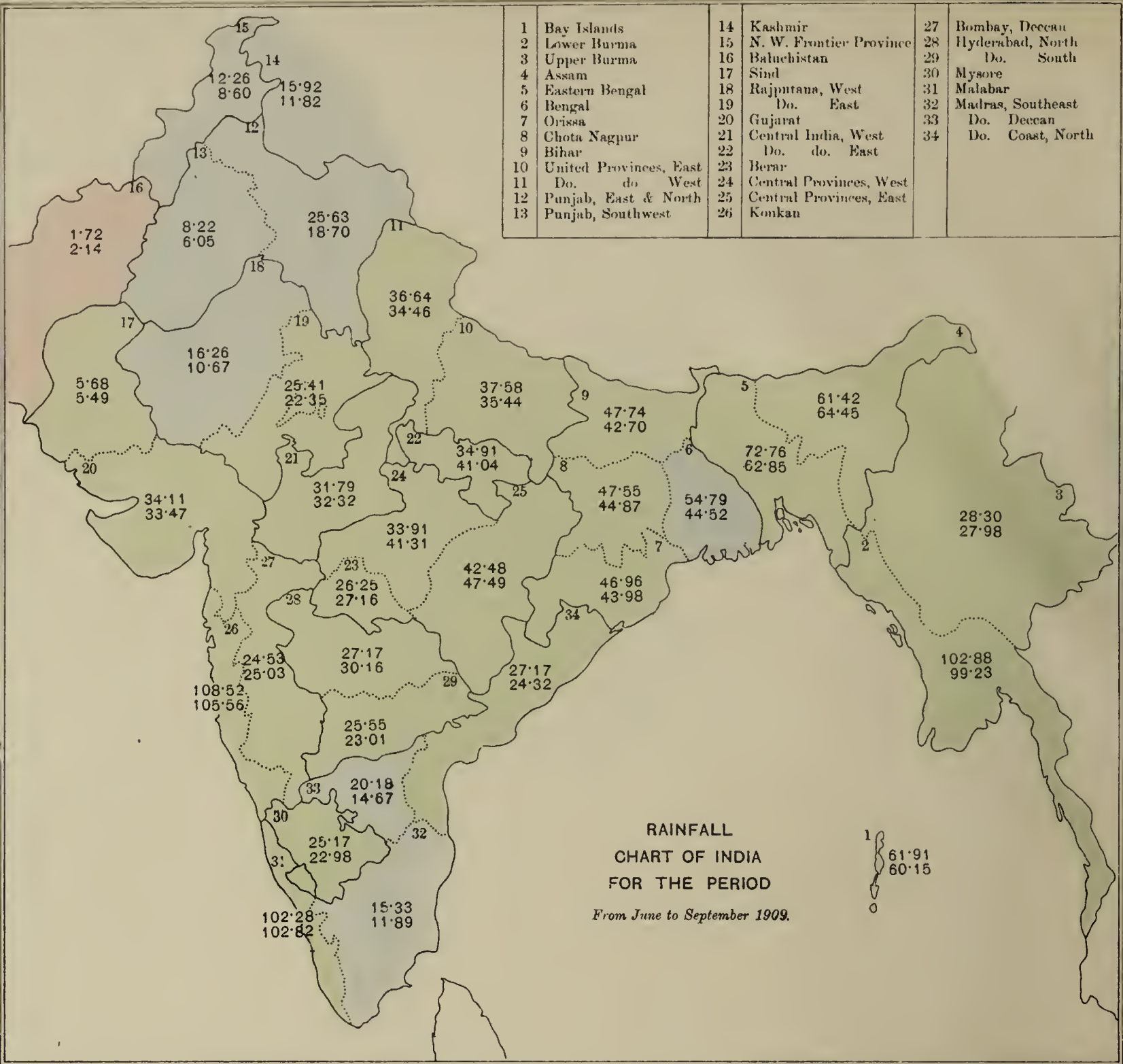














1	Bay Islands	14	Kashmir	26	Konkan
2	Lower Burma	15	N. W. F. Province	27	Bombay, Deccan
3	Upper Burma	16	Baluchistan	28	Hyderabad, North
4	Assam	17	Sind	29	Do. South
5	Eastern Bengal	18	Rajputana, West	30	Mysore
6	Bengal	19	Do. East	30a	Coorg
7	Orissa	19a	Ajmer-Merwara	31	Malabar
8	Chota Nagpur	20	Gujarat	32	Madras, Southeast
9	Bihar	21	Central India, West	33	Do. Deccan
10	United Provinces, East	22	Do. do. East	34	Do. Coast, North
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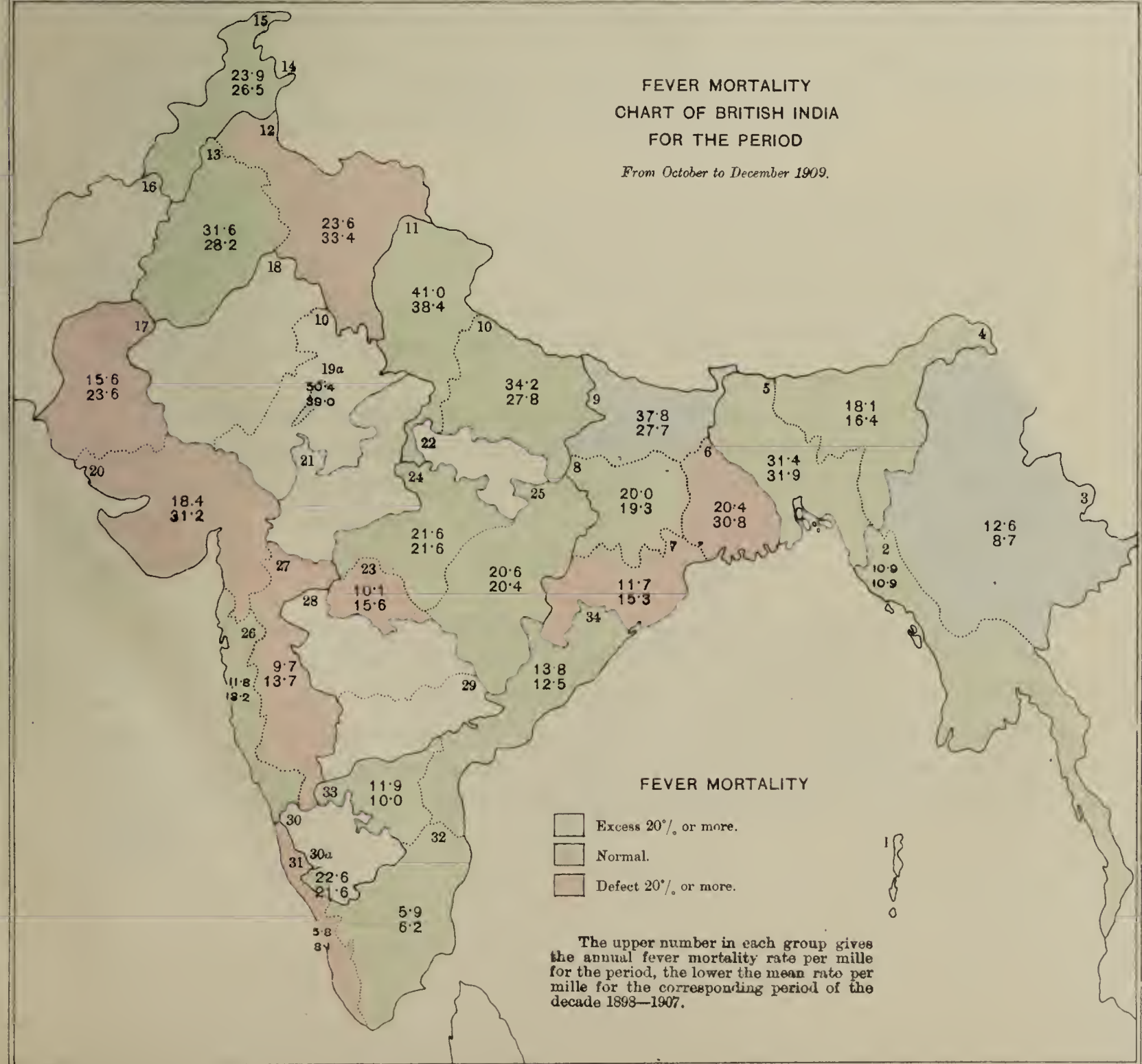
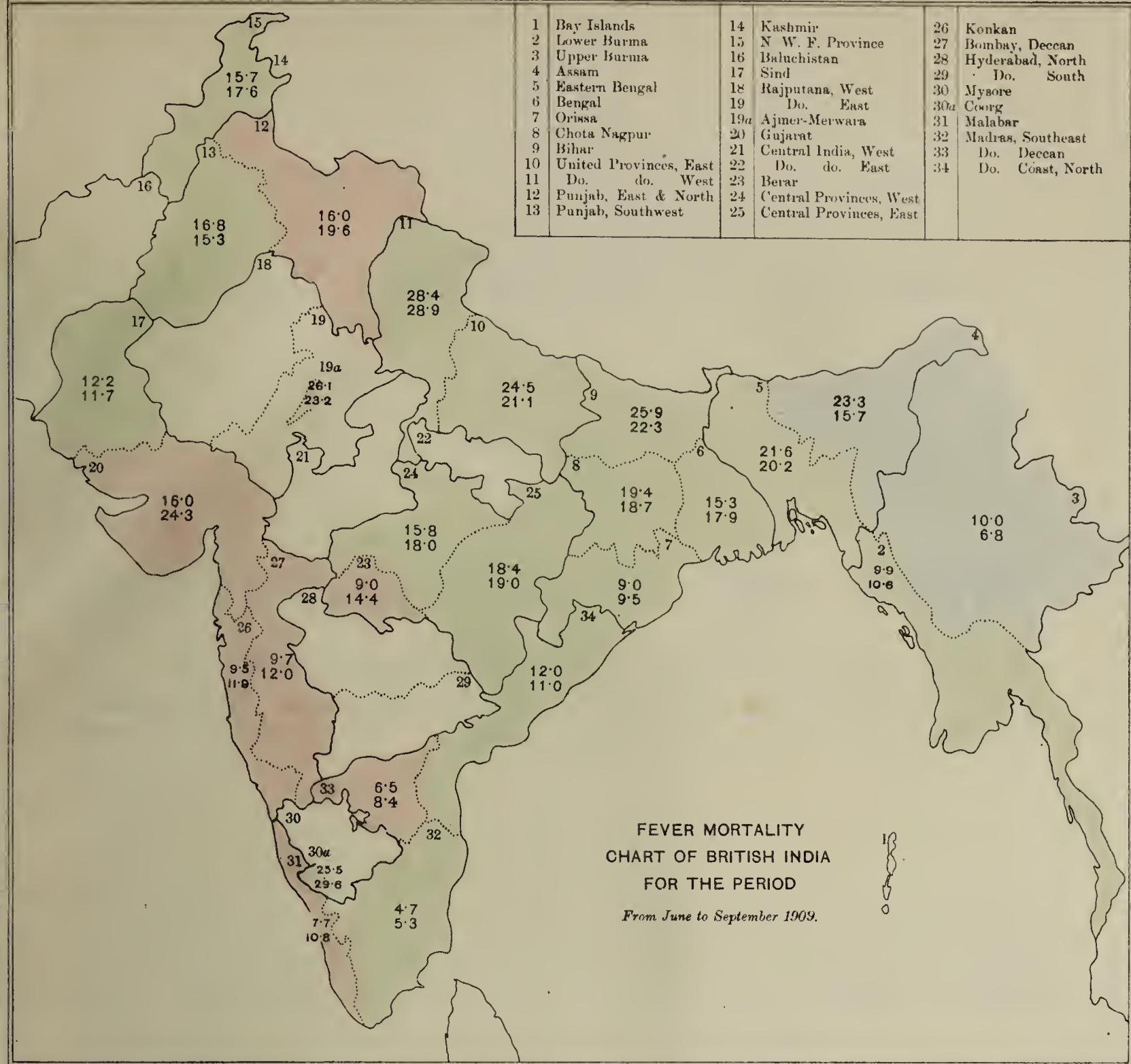
FEVER MORTALITY  
CHART OF BRITISH INDIA  
FOR THE PERIOD  
*From June to September 1909.*

FEVER MORTALITY  
CHART OF BRITISH INDIA  
FOR THE PERIOD  
*From October to December 1909.*

FEVER MORTALITY


Excess 20% or more.  
 Normal.  
 Defect 20% or more.

The upper number in each group gives the annual fever mortality rate per mille for the period, the lower the mean rate per mille for the corresponding period of the decade 1898-1907.









# ANNUAL SANITARY REPORT FOR 1909.

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## SECTION I.

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### METEOROLOGY OF THE YEAR.

1. The following memorandum on the rainfall and other weather conditions of India in 1909 has been furnished by the Meteorological Department of the Government of India.

Summary of the meteorological phenomena of the year.

#### CHIEF FEATURES OF THE RAINFALL OF 1909.

I.—The cold weather season was unusually free from storms and the precipitation more or less below normal over nearly the whole of northern and central India. The rainfall of the period was on the other hand in moderate to large excess in the Bay Islands, Lower Burma, Mysore and Madras.

II.—The hot weather period March to May was on the whole very wet over a large part of the country, the only divisions which received decidedly less than the normal quantity of precipitation being Assam, the North-West Frontier Province, Kashmir, Sind, the Konkan and the Bombay Deccan.

III.—The monsoon currents were on the whole more vigorous than usual, and practically the whole of the country with the exception of the Central Provinces, Central India east and Hyderabad north received satisfactory rain. The rains were unusually abundant in Kashmir, the Punjab, the North-West Frontier Province, Rajputana west, Madras southeast and the Madras Deccan.

IV.—The retreating monsoon current was determined chiefly to Burma and Eastern Bengal, with the result that while these areas obtained considerably more than their normal allowance of rainfall the greater part of the peninsula suffered from a deficiency. In north-western and central India the winter conditions set in in December, somewhat earlier than usual.

V.—On the whole the rainfall of the year 1909 was more abundant than usual, the total precipitation on the plains of India being above normal by 2·1" or 5 per cent. The excess was fairly general and was almost as large in amount in the dry zone of the Punjab and Rajputana as in Burma and Bengal. The deficiency was restricted almost entirely to Assam, Baluchistan and the central part of the country; and in no sub-division did it exceed 16 per cent. in amount.

## TOTAL RAINFALL OF THE YEAR 1909.

Sub-division.				RAINFALL, WHOLE YEAR.			
				Actual.	Normal.	Departure from normal.	Percentage departure from normal.
				"	"	"	
1. Bay Islands ...	...	...		113·1	96·3	+16·8	+17
2. Lower Burma ...	...	...		132·7	123·0	+9·7	+8
3. Upper Burma ...	...	...		47·2	41·6	+5·6	+13
4. Assam ...	...	...		89·2	100·2	—11·0	—11
5. Eastern Bengal ...	...	...		96·7	85·4	+11·3	+13
6. Bengal ...	...	...		67·2	58·1	+9·1	+16
7. Orissa ...	...	...		59·7	57·6	+2·1	+4
8. Chota Nagpur ...	...	...		55·1	53·4	+1·7	+3
9. Bihar ...	...	...		53·3	49·4	+3·9	+8
10. United Provinces, East ...	...	...		42·1	40·0	+2·1	+5
11. Do. do. West ...	...	...		42·0	39·0	+3·0	+8
12. Punjab, East and North...	...	...		31·8	23·8	+8·0	+34
13. Punjab, Southwest ...	...	...		11·4	8·9	+2·5	+28
14. Kashmir ...	...	..		29·6	27·6	+2·0	+7
15. North-West Frontier Province ...	...	...		18·7	16·3	+2·4	+15
16. Baluchistan ...	...	...		7·1	8·3	—1·2	—14
17. Sind ...	...	...		6·3	6·6	—0·3	—5
18. Rajputana, West ...	...	...		18·3	11·8	+6·5	+55
19. Do. East ...	...	...		29·1	24·5	+4·6	+19
20. Gujarat ...	...	...		34·8	35·1	—0·3	—1
21. Central India, West ...	...	...		34·1	34·4	—0·3	—1
22. Do. East ...	...	...		39·7	45·6	—5·9	—13
23. Berar ...	...	...		31·3	31·3	0	0
24. Central Provinces, West ...	...	...		39·9	45·6	—5·7	—13
25. Do. East ...	...	...		50·5	52·9	—2·4	—5
26. Konkan ...	...	...		111·4	113·2	—1·8	—2
27. Bombay Deccan ...	...	...		28·6	32·2	—3·6	—11
28. Hyderabad, North ...	...	...		30·0	35·8	—5·8	—16
29. Do. South ...	...	...		27·9	29·7	—1·8	—6
30. Mysore ...	...	...		41·1	36·2	+4·9	+14



TOTAL RAINFALL OF THE YEAR 1909—*contd.*

Sub-division.				RAINFALL, WHOLE YEAR.			
				Actual.	Normal.	Departure from normal.	Percentage departure from normal.
				"	"	"	
31. Malabar	...	...	...	138·1	128·7	+9·4	+7
32. Madras, Southeast	...	...	...	36·1	35·7	+0·4	+1
33. Do. Deccan	...	...	...	26·9	24·8	+2·1	+8
34. Do. Coast, North	...	...	...	38·4	40·3	—1·9	—5

## THE COLD WEATHER PERIOD, JANUARY AND FEBRUARY.

*General Summary.*—The number of well formed storms of the cold weather type which passed over northwest India was less than usual, and accordingly the precipitation was comparatively small in amount over practically the whole of northern and central India, the region where the winter rainfall usually occurs. Weather was on the other hand exceedingly disturbed in the beginning of January over the southern half of the Peninsula owing to the passage of a storm from the Bay, and in February in the Bay Islands and Lower Burma.

The aggregate rainfall measurements of the season were equal to or in excess of the normal in Madras, Mysore, Hyderabad north, the Central Provinces west, Gujarat, Kashmir, Chota Nagpur, Lower Burma and the Bay Islands ; but in rest of the country the fall was more or less below the average. The deficiency averaged an inch in amount over Assam and Eastern Bengal, three-quarters of an inch in Bengal, Bihar and the United Provinces, and half an inch in the Punjab, Baluchistan and Rajputana east.

Over a large part of the country humidity was rather low and temperature approximately normal. On the other hand in spite of the defect of precipitation the cloud proportion was high in most of the divisions.

*Burma.*—The total rainfall of the period was irregularly distributed, being 67 per cent. in excess in Lower Burma and equally in defect in Upper Burma. The amount of cloud was equal to or above the normal except in the region represented by Mergui, Tavoy, Bassein, Bhamo and Lashio. Humidity was inclined to be high. Temperature agreed closely with the average.

*Northeast India, including Orissa.*—The rainfall fell short of the normal everywhere except locally in Chota Nagpur. The defect ranged from 10 per cent in Orissa to over 60 per cent. in Bengal, Bihar and Eastern Bengal. The deviations from normal of temperature and humidity were such as usually accompany a defect of rainfall ; they were however not very marked. Skies were covered to the customary extent in Eastern Bengal and Assam, but over the rest of the division the proportion of cloud was somewhat above the normal.

*The United Provinces, Central India and the Central Provinces.*—Rainfall was normal or nearly so in the Central Provinces west, Berar and Central

India east, and well below the average in the rest of the division. There was about the usual amount of cloud in the United Provinces and the Central Provinces, but in Central India the proportion of cloud was unusually high in spite of the defect of rainfall. The air was drier than usual in most places, particularly in the United Provinces where the percentage of saturation was 8 in defect. The temperature conditions did not depart appreciably from the normal.

*Northwest India.*—Except in Kashmir and Gujarat the precipitation of the period was less than usual everywhere. The proportional deficiency was most marked in Sind and Rajputana which obtained only 60 per cent. of their normal supply. Humidity was low in the North-West Frontier Province, rather high in Kashmir and Baluchistan, and about the average elsewhere. Skies were more clouded than usual in Kashmir and Baluchistan, unusually free from cloud in the North-West Frontier Province, and covered to about the customary extent elsewhere. Temperature did not differ to any great extent from the normal in the plains, but in Kashmir and Baluchistan weather was  $2\frac{1}{2}^{\circ}$  to  $4\frac{1}{2}^{\circ}$  cooler than usual.

*The Peninsula.*—Rainfall was much heavier than usual in almost all places, the only exceptions being the Konkan, the Bombay Deccan and Hyderabad south. The excess was unusually large in Mysore, Malabar, Madras, southeast and the Madras Deccan, ranging between three quarters of an inch and four inches. The humidity agreed closely with the normal. The quantity of cloud was in decided excess in the region of heavy rainfall as well as in Hyderabad. Temperature was within  $2^{\circ}$  of the normal.\*

Division.	COLD WEATHER PERIOD, JANUARY AND FEBRUARY.						
	RAINFALL.				DEPARTURE FROM NORMAL OF		
	Actual.	Normal.	Departure from normal.	Percentage departure from normal.	Mean temperature.	Relative humidity.	Cloud.
	"	"	"		°		
Burma ... ..	0·3	0·3	0	0	+ 0·5	+ 3	+ 0·5
Eastern Bengal and Assam.	0·8	1·8	—1·0	—56	+ 0·5	— 5	— 0·1
Bengal ... ..	0·7	1·2	—0·5	—42	+ 1·1	— 3	+ 0·5
United Provinces ...	0·8	1·5	—0·7	—47	+ 0·1	— 8	+ 0·1
Punjab ... ..	1·6	2·1	—0·5	—24	— 1·5	— 3	— 0·3

\* Further details will be found in the two following tables, whereas in all the other tables contained in this memorandum, stations at an altitude above sea level greater than 3,200 feet are neglected; exception is made in the divisions of Kashmir and Baluchistan where stations of all altitudes are included.



Division.	COLD WEATHER PERIOD, JANUARY AND FEBRUARY.						
	RAINFALL.				DEPARTURE FROM NORMAL OF		
	Actual.	Normal.	Departure from normal.	Percentage departure from normal.	Mean temperature.	Relative humidity.	Cloud.
North-West Frontier Province.	2.4	2.7	-0.3	-11	-2.3	-7	-0.5
Sind ...	0.3	0.5	-0.2	-40	-1.2	-2	+0.2
Rajputana ...	0.3	0.5	-0.2	-40	-1.5	-3	-0.3
Bombay ...	0.1	0.2	-0.1	-50	-0.1	0	+0.3
Central India ...	0.6	0.9	-0.3	-33	+0.3	-5	+1.4
Central Provinces ...	0.7	0.7	0	0	+1.1	-3	+0.3
Hyderabad ...	0.1	0.3	-0.2	-67	+1.5	-1	+0.9
Mysore ...	0.9	0.1	+0.8	+800	+1.3	+1	+1.1
Madras ...	3.1	0.9	+2.2	+244	+0.3	+1	+1.0
Mean of India when the size of the above areas is taken into account.	0.9	0.9	0	0	+0.1	-2	+0.4

Sub-division.				RAINFALL, JANUARY AND FEBRUARY.			
				Actual.	Normal.	Departure from normal.	Percentage departure from normal.
				"	"	"	
1. Bay Islands	...	...	...	2.2	1.1	+1.1	+100
2. Lower Burma	...	...	...	0.5	0.3	+0.2	+67
3. Upper Burma	...	...	...	0.1	0.3	-0.2	-67

Sub-division.	RAINFALL, JANUARY AND FEBRUARY.			
	Actual.	Normal.	Departure from normal.	Percentage departure from normal.
	"	"	"	
4. Assam ... ..	1'2	2'2	— 1'0	— 45
5. Eastern Bengal ... ..	0'3	1'3	— 1'0	— 77
6. Bengal ... ..	0'5	1'3	— 0'8	— 62
7. Orissa ... ..	0'9	1'0	— 0'1	— 10
8. Chota Nagpur ... ..	1'6	1'3	+ 0'3	+ 23
9. Bihar ... ..	0'5	1'3	— 0'8	— 62
10. United Provinces, East ... ..	0'6	1'2	— 0'6	— 50
11. Do. do. West ... ..	1'1	1'9	— 0'8	— 42
12. Punjab, East and North ... ..	1'8	2'4	— 0'6	— 25
13. Punjab, Southwest ... ..	0'7	1'1	— 0'4	— 36
14. Kashmir ... ..	6'8	6'4	+ 0'4	+ 6
15. North-West Frontier Province ... ..	2'4	2'7	— 0'3	— 11
16. Baluchistan ... ..	2'4	2'9	— 0'5	— 17
17. Sind ... ..	0'3	0'5	— 0'2	— 40
18. Rajputana, West ... ..	0'2	0'3	— 0'1	— 33
19. Do. East ... ..	0'3	0'7	— 0'4	— 57
20. Gujarat ... ..	0'1	0'1	0	0
21. Central India, West ... ..	0'2	0'5	— 0'3	— 60
22. Do. East ... ..	1'3	1'5	— 0'2	— 13
23. Berar ... ..	0'4	0'5	— 0'1	— 20
24. Central Provinces, West ... ..	0'9	0'9	0	0
25. Do. do. East ... ..	0'6	0'9	— 0'3	— 33
26. Konkan ... ..	0	0'2	— 0'2	—100
27. Bombay Deccan ... ..	0'1	0'2	— 0'1	— 50
28. Hyderabad, North ... ..	0'3	0'2	+ 0'1	+ 50
29. Do. South ... ..	0	0'3	— 0'3	—100
30. Mysore ... ..	0'9	0'1	+ 0'8	+800
31. Malabar ... ..	1'8	0'4	+ 1'4	+350
32. Madras, Southeast ... ..	4'9	1'2	+ 3'7	+308
33. Do. Deccan ... ..	1'6	0'2	+ 1'4	+700
34. Do. Coast, North ... ..	1'3	0'7	+ 0'6	+ 86



## THE HOT WEATHER PERIOD, MARCH TO MAY.

*General Summary.*—As regards rainfall this period bore some resemblance to the corresponding season of 1907, but was conspicuously different from that of 1908. March was exceptionally dry, with a deficiency of 83 per cent. in the rainfall, and April was remarkably wet with an excess of 110 per cent. while the final month of the period was on the whole one of average precipitation. The total fall of the three months was 18 per cent. above the normal; the excess was, however, not general, inasmuch as Kashmir, the North-West Frontier Province, Sind, Baluchistan, Eastern Bengal and Assam, the Konkan and the Bombay Deccan received less than their ordinary share. In the United Provinces, Rajputana, Central India, the Central Provinces and Malabar the fall was double to triple the normal amount, and in the rest of Madras and in Mysore the usual quantity was also greatly exceeded.

Over by far the greater part of the country the departures from normal of temperature and cloud were conditioned by those of rainfall, but were in general small in amount. Humidity was inclined to be rather low in Eastern Bengal and Assam, and the North-West Frontier Province, and slightly high in Rajputana and Central India.

*Burma.*—Rainfall was 1 per cent. below normal in Lower Burma and 27 per cent. above it in Upper Burma. On the average of the whole period temperature, humidity and cloud differed little from the average.

*Northeast India, including Orissa.*—Except in Assam and Eastern Bengal where it was 26 and 8 per cent. in defect, the rainfall of the period was above normal in all parts of the division; the excess ranged from 15 per cent. in Chota Nagpur to 37 per cent. in Orissa. The amount of cloud was in considerable defect in Eastern Bengal and Assam, and normal elsewhere. Humidity was somewhat below the average. The departures from normal of temperature were small in amount.

*The United Provinces, Central India and the Central Provinces.*—Rainfall was abundant throughout the division, the excess ranging from 40 per cent. in Berar to 170 per cent. in the Central Provinces west and 260 per cent. in Central India. The humidity was rather high, and the quantity of cloud in decided excess in Central India; but elsewhere the departures from normal of these elements were not marked. Temperature ruled below the average; the defect was, however, less than  $1\frac{1}{2}^{\circ}$  in amount.

*Northwest India.*—Rainfall was normal in amount in Gujarat, in defect in Kashmir, Baluchistan, the North-West Frontier Province and Sind, and above the average in the Punjab and Rajputana. The defect was as much as 75 per cent. in Sind, while the excess averaged 35 per cent. in the Punjab and 217 per cent. in Rajputana. The amount of moisture was somewhat greater than usual in Rajputana, and in defect elsewhere. Skies were less clouded than usual in the Punjab, the North-West Frontier Province and Rajputana, and were covered to about the average extent elsewhere. Temperature was lower than usual by about  $2^{\circ}$  in the Punjab and Rajputana, and by  $3^{\circ}$  in Baluchistan; elsewhere the temperature conditions were very nearly normal.

*The Peninsula.*—Rainfall of the period was well above the normal in Mysore and Madras; in defect by 35 per cent. in the Konkan and 17 per cent. in

the Bombay Deccan, and normal over Hyderabad. On the average of the whole period temperature, humidity and cloud did not differ to any important extent from the normal.

Division.	HOT WEATHER PERIOD, MARCH TO MAY.						
	RAINFALL.				DEPARTURE FROM NORMAL OF		
	Actual.	Normal.	Departure from normal.	Percentage departure from normal.	Mean temperature.	Relative humidity.	Cloud.
	"	"	"		0		
Burma ... ..	11·7	10·7	+ 1·0	+ 9	— 0·2	0	+ 0·1
Eastern Bengal and Assam.	17·1	21·4	— 4·3	— 20	+ 0·1	— 5	— 0·9
Bengal ... ..	6·5	5·3	+ 1·2	+ 23	— 0·6	— 3	— 0·1
United Provinces ...	2·8	1·2	+ 1·6	+ 133	— 1·4	0	+ 0·1
Punjab ... ..	2·3	1·7	+ 0·6	+ 35	— 1·7	— 2	— 0·5
North-West Frontier Province.	2·0	3·8	— 1·8	— 47	— 1·0	— 5	— 0·7
Sind ... ..	0·1	0·4	— 0·3	— 75	— 1·4	— 3	— 0·1
Rajputana ... ..	1·9	0·6	+ 1·3	+ 217	— 2·1	+ 4	— 0·4
Bombay... ..	1·3	1·6	— 0·3	— 19	— 0·4	— 2	— 0·4
Central India ... ..	1·8	0·5	+ 1·3	+ 260	— 1·0	+ 4	+ 1·1
Central Provinces ...	2·5	1·2	+ 1·3	+ 108	— 1·0	+ 1	+ 0·4
Hyderabad ... ..	1·9	1·9	0	0	— 0·3	— 4	+ 0·1
Mysore ... ..	8·3	5·3	+ 3·0	+ 57	— 0·4	— 2	— 0·2
Madras ... ..	7·7	4·5	+ 3·2	+ 71	— 0·6	0	+ 0·1
Mean of India when the size of the above areas is taken into account.	5·3	4·5	+ 0·8	+ 18	— 0·9	— 1	— 0·1

Sub-division.		RAINFALL, MARCH TO MAY.			
		Actual.	Normal.	Departure from normal.	Percentage departure from normal.
		"	"	"	
1. Bay Islands ... ..	...	18·6	15·5	+ 3·1	+ 20
2. Lower Burma ... ..	...	14·7	14·8	— 0·1	— 1
3. Upper Burma ... ..	...	9·3	7·3	+ 2·0	+ 27
4. Assam ... ..	...	20·1	27·3	— 7·2	— 26



Sub-division.				RAINFALL, MARCH TO MAY.			
				Actual.	Normal.	Departure from normal.	Percentage departure from normal.
				"	"	"	
5. Eastern Bengal	...	...		14'0	15'3	— 1'3	— 8
6. Bengal	...	...	..	9'2	7'6	+ 1'6	+ 21
7. Orissa	...	...	...	7'8	5'7	+ 2'1	+ 37
8. Chota Nagpur	...	...		4'5	3'9	+ 0'6	+ 15
9. Bihar	...	...	...	3'6	3'1	+ 0'5	+ 16
10. United Provinces, East	...	...		2'8	1'1	+ 1'7	+ 155
11. Do. do. West	...	...		2'9	1'3	+ 1'6	+ 123
12. Punjab, East and North	...	...		2'5	1'8	+ 0'7	+ 39
13. Do. Southwest	...	...		1'5	1'3	+ 0'2	+ 15
14. Kashmir	...	...	...	3'6	6'9	— 3'3	— 48
15. North-West Frontier Province	...	...		2'0	3'8	— 1'8	— 47
16. Baluchistan	...	...	...	1'6	1'8	— 0'2	— 11
17. Sind	...	...	...	0'1	0'4	— 0'3	— 75
18. Rajputana, West	...	...		1'1	0'4	+ 0'7	+ 175
19. Do. East	...	...		2'3	0'7	+ 1'6	+ 229
20. Gujarat	...	...	...	0'3	0'3	0	0
21. Central India, West	...	...		1'3	0'4	+ 0'9	+ 225
22. Do. East	...	...		2'7	0'8	+ 1'9	+ 237
23. Berar	...	...	...	1'4	1'0	+ 0'4	+ 40
24. Central Provinces, West	...	...		2'7	1'0	+ 1'7	+ 170
25. Do. do. East	...	...		4'3	1'8	+ 2'5	+ 139
26. Konkan	...	...	...	1'3	2'0	— 0'7	— 35
27. Bombay Deccan	...	...		1'9	2'3	— 0'4	— 17
28. Hyderabad, North	...	...		1'6	1'5	+ 0'1	+ 7
29. Do. South	...	...		2'1	2'1	0	0
30. Mysore	...	...	...	8'3	5'3	+ 3'0	+ 57
31. Malabar	...	...	...	22'5	10'5	+ 12'0	+ 114
32. Madras, Southeast	...	...		7'1	4'6	+ 2'5	+ 54
33. Do. Deccan	...	...	...	4'0	2'5	+ 1'5	+ 60
34. Do. Coast, North	...	...		6'0	3'4	+ 2'6	+ 76

## THE SOUTHWEST MONSOON PERIOD, JUNE TO SEPTEMBER.

*General Summary.*—The monsoon rains of 1909 were on the whole plentiful and well timed : the distribution of rainfall also was favourable except in a small area defined by the Central Provinces and adjacent districts to the north, where the rains commenced considerably later and ended earlier than usual.

The first burst of monsoon rainfall occurred on the 6th of June in northeast India and two days later in the United Provinces. The monsoon appeared on about the usual date on the Malabar coast but did not extend fully inland until nearly the end of June. During July strong and steady currents prevailed and gave abundant rain over a large part of the country, but particularly in northwest India.

A large weakening of the Arabian Sea current occurred on August 7, in consequence of which dry weather set in over northwest India. The break thus initiated extended eastwards and southwards, and by the 10th had embraced the whole of the country except the eastern margin of the field of the Bay current. The monsoon currents revived considerably after the 19th, and by the 25th rainfall had again become general. This period of abundant rainfall lasted until the 11th September in upper India, from which the monsoon then retreated finally ; the normal date for the event is the 15th September.

The total precipitation of the period reached or exceeded the average over a large part of the country, the only districts which failed to receive their normal quantity being Assam, Central India, the Central Provinces, the Bombay Deccan, Hyderabad north and Baluchistan. The defect was not, however, important except in Central India east and the Central Provinces proper, where feebleness of monsoon conditions was persistent and the deficiency averaged about 6" or 15 per cent. On the other hand the region of greatest proportional excess was defined by Rajputana west (+ 52 per cent.), the North-West Frontier Province (+ 43 per cent.), the Punjab and the Madras Deccan (each + 37 per cent.) and Kashmir (+ 35 per cent.).

The rainfall of the country as a whole was more than the average by 2" or 6 per cent., the same amount as in the corresponding period of 1908. This is the largest excess on record since 1894.

As is usually the case during periods of abundant and well distributed precipitation, the air was damper, skies more clouded and temperature lower than the normal over a large part of the country : the amount of departure was, however, in almost all cases small.

*Burma.*—The total precipitation of the period agreed closely with the normal value, being in excess by 4 per cent. in Lower Burma and 1 per cent. in Upper Burma. Temperature, humidity and cloud did not depart appreciably from the mean.

*Northeast India, including Orissa.*—There was more rain than usual during the season throughout the division with the exception of Assam. The excess was, however, small, nowhere reaching 20 per cent. in amount. The quantity of cloud was appreciably low in Eastern Bengal and Assam, but the departures from normal of humidity and temperature were of little significance.



*The United Provinces, Central India and the Central Provinces.*—Except in the United Provinces, where an excess of 6 per cent. occurred, the seasonal rainfall was more or less below the normal. The defect was most pronounced in the Central Provinces west where it amounted to 7·4" or 18 per cent. The cloud proportion was decidedly high in Central India notwithstanding the defect of rainfall, and about normal in the other two areas. Humidity and temperature were in close agreement with the mean values.

*Northwest India.*—The whole of the division with the exception of Baluchistan received more than the normal quantity of rain. The excess was small in amount in Sind and Gujarat, but increased rapidly northwards and was as much as 3·7" or 19 per cent. in Rajputana, and nearly 6" or 37 per cent. in the Punjab. It was well marked also in the North-West Frontier Province and Kashmir where it amounted to 3·7" (or 43 per cent.) and 4" (or 35 per cent.) respectively. The monsoon rains were thus very favourable over practically the whole of the division.

Both humidity and cloud were slightly above the average in the region of excessive rainfall : in Baluchistan on the other hand the former was in marked defect and the latter normal. Temperature was nearly  $2\frac{1}{2}^{\circ}$  lower than usual in Rajputana and approximately normal elsewhere.

*The Peninsula.*—Rainfall was in trifling defect in the Bombay Deccan and Malabar, and 3" or 10 per cent. below the normal value in Hyderabad north ; but in other parts of the division the usual amounts were more or less exceeded. The excess was absolutely greatest in the Madras Deccan which obtained  $5\frac{1}{2}$ " or 37 per cent. more than its average quantity ; it was considerable also in Madras Southeast (3·4" or 29 per cent). The deviations from normal of cloud, humidity and temperature were not marked.

Division.	SOUTH-WEST MONSOON PERIOD, JUNE TO SEPTEMBER.						
	RAINFALL.				DEPARTURE FROM NORMAL OF		
	Actual.	Normal.	Departure from normal.	Percentage departure from normal.	Mean temperature.	Relative humidity.	Cloud.
	"	"	"		0		
Burma ... ..	62·1	60·2	+1·9	+ 3	—0·1	+ 1	+0·4
Eastern Bengal and Assam.	67·1	63·7	+3·4	+ 5	+0·3	— 1	—1·3
Bengal ... ..	49·7	43·7	+6·0	+ 14	—0·8	+ 1	+0·2
United Provinces ...	37·1	35·0	+2·1	+ 6	—1·5	+ 3	—0·5
Punjab ... ..	22·0	16·0	+5·9	+ 37	—1·5	+5	+0·3
North-West Frontier Province.	12·3	8·6	+3·7	+ 43	—1·2	+ 2	+0·7
Sind ... ..	5·7	5·5	+0·2	+ 4	0	+ 2	+0·4



Division.	SOUTH-WEST MONSOON PERIOD, JUNE TO SEPTEMBER.						
	RAINFALL.				DEPARTURE FROM NORMAL OF		
	Actual.	Normal.	Departure from normal.	Percentage departure from normal.	Mean temperature.	Relative humidity.	Cloud.
	"	"	"		°		
Rajputana ...	22·9	19·2	+ 3·7	+ 19	—2·4	+ 5	+ 0·6
Bombay ...	42·9	42·4	+ 0·5	+ 1	—0·7	+ 1	+ 0·2
Central India ...	33·4	35·3	—1·9	— 5	—0·9	+ 4	+ 1·3
Central Provinces ...	32·7	36·9	—4·2	—11	—0·6	— 1	+ 0·4
Hyderabad ...	26·3	26·3	0	0	—0·8	+ 1	+ 0·1
Mysore ...	25·2	23·0	+ 2·2	+ 10	—0·7	+ 2	+ 0·3
Madras ...	27·4	24·2	+ 3·2	+ 13	—0·6	+ 1	+ 0·1
Mean of India when the size of the above areas is taken into account.	37·3	35·3	+ 2·0	+ 6	—0·8	+ 2	+ 0·2

Sub-division.				RAINFALL, JUNE TO SEPTEMBER.			
				Actual.	Normal.	Departure from normal.	Percentage departure from normal.
				"	"	"	
1. Bay Islands ...	...	...	...	61·9	60·1	+ 1·8	+ 3
2. Lower Burma ...	...	...	...	102·9	99·2	+ 3·7	+ 4
3. Upper Burma ...	...	...	...	28·3	28·0	+ 0·3	+ 1
4. Assam ...	...	...	...	61·4	64·5	—3·1	—5
5. Eastern Bengal ...	...	...	...	72·8	62·9	+ 9·9	+ 16
6. Bengal ...	...	...	...	53·4	44·7	+ 8·7	+ 19
7. Orissa ...	...	...	...	47·0	44·0	+ 3·0	+ 7
8. Chota Nagpur ...	...	...	...	47·5	44·9	+ 2·6	+ 6
9. Bihar ...	...	...	...	47·7	42·1	+ 5·6	+ 13
10. United Provinces, East ...	...	...	...	37·6	35·4	+ 2·2	+ 6
11. Do. do. West ...	...	...	...	36·5	34·5	+ 2·0	+ 6
12. Punjab, East and North ...	...	...	...	25·6	18·7	+ 6·9	+ 37
13. Punjab, Southwest ...	...	...	...	8·2	6·1	+ 2·1	+ 34
14. Kashmir ...	...	...	...	15·9	11·8	+ 4·1	+ 35

Sub-division.				RAINFALL, JUNE TO SEPTEMBER.			
				Actual.	Normal.	Departure from normal.	Percentage departure from normal.
				"	"	"	
15. North-West Frontier Province	...			12·3	8·6	+3·7	+43
16. Baluchistan	...	...	...	1·7	2·1	—0·4	—19
17. Sind	...	...	...	5·7	5·5	+0·2	+4
18. Rajputana, West	...	...	...	16·3	10·7	+5·6	+52
19. Do. East	...	...	...	25·4	22·3	+3·1	+14
20. Gujarat	...	...	...	34·1	33·5	+0·6	+2
21. Central India, West	...	...	...	31·8	32·3	—0·5	—2
22. Do. East	...	...	...	34·9	41·0	—6·1	—15
23. Berar	...	...	...	26·3	27·2	—0·9	—3
24. Central Provinces, West	...	...	...	33·9	41·3	—7·4	—18
25. Do. do. East	...	...	...	42·5	47·5	—5·0	—11
26. Konkan	...	...	...	108·5	105·6	+2·9	+3
27. Bombay Deccan	...	...	...	24·5	25·0	—0·5	—2
28. Hyderabad, North	...	...	...	27·2	30·2	—3·0	—10
29. Do. South	...	...	...	25·5	23·0	+2·5	+11
30. Mysore	...	...	...	25·2	23·0	+2·2	+10
31. Malabar	...	...	...	102·3	102·8	—0·5	0
32. Madras, Southeast	...	...	...	15·3	11·9	+3·4	+29
33. Do. Deccan	...	...	...	20·2	14·7	+5·5	+37
34. Do. Coast, North	...	...	...	27·2	24·3	+2·9	+12

#### THE RETREATING MONSOON PERIOD, OCTOBER TO DECEMBER.

*General Summary.*—As measured by the amount of rainfall over the land the monsoon current was weaker than usual and was, owing to peculiarities of pressure distribution, directed to an unusual extent to the Bay Islands, Burma and Eastern Bengal and Assam. Four storms, of which three were of great severity, visited the Bay and, aided by the pressure distribution, were instrumental in drawing aside the humid current from the peninsula to the regions constituting the eastern margin of the field of the Bay current. The most striking feature of the season was thus the almost complete failure of the autumnal rains over a large part of the peninsula.

No rain of any importance fell in Burma and the Andamans after December 7, which may therefore be regarded as the date of final withdrawal of the monsoon currents from the Bay.



Conditions were even more than usually settled in northwestern and central India until the 12th of December: but subsequently two remarkable bursts of rain took place over the greater part of northern and central India, and were brought about by cold weather disturbances of a somewhat unusual character.

The total precipitation of the period was greatly below the normal over practically the whole of the peninsula, the defect ranging up to as much as 8° or 55 per cent. in Madras. There was a considerable deficit also over Gujarat, Central India, western Bengal and the east of the United Provinces. On the other hand the seasonal fall was unusually heavy for the time of year in Burma, Eastern Bengal, the Punjab, the North-West Frontier Province and Rajputana. In Assam, the west of the United Provinces, the Central Provinces, Sind and the hills of Baluchistan and Kashmir the total measurements coincided with or slightly exceeded the normal values.

This distribution of rainfall, although not quite satisfactory, was more favourable than that recorded in the corresponding seasons of the two previous years, when the rainfall was even lighter. The air was damper than usual throughout the period over the plains of northwestern India and very dry over Hyderabad in the first two months. The departures from normal of cloud and temperature were only feebly marked; the former was however inclined to be low and the latter to be high in most parts of the Indian region.

*Burma.*—The seasonal precipitation was unusually heavy, being in excess by  $3\frac{1}{2}$ " or 58 per cent. in Upper Burma and nearly 6" or 68 per cent. in Lower Burma. Humidity was somewhat high and the quantity of cloud decidedly greater than usual. Temperature was normal.

*Northeast India, including Orissa.*—The rainfall of the period was in large excess in Eastern Bengal, within 10 per cent. of the normal in Assam and Bengal proper, and much lighter than usual in Orissa, Chota Nagpur and Bihar. The departures of temperature, humidity and cloud were generally small in amount.

*The United Provinces, Central India, and the Central Provinces.*—Rainfall was irregularly distributed, being in slight excess in Berar, the Central Provinces east and the United Provinces west, exactly normal in the Central Provinces west and in defect by more than an inch or 52 per cent. in the United Provinces east. Temperature, humidity and cloud differed little from the average.

*Northwest India.*—Precipitation was exactly or nearly normal in Sind and Baluchistan, in defect by about an inch or 75 per cent. over Gujarat and unusually abundant in the rest of the division.

As was the case in the corresponding period of 1908, the air in the plains was damper than usual throughout. Skies were unusually clear in Kashmir, but elsewhere the cloud proportion was about equal to the average. Temperature differed by less than 1° from the normal except in Sind ( $1\frac{1}{2}$ ° in excess).

*The Peninsula.*—The period was exceedingly dry all over the division. The deficit was more than 3" in amount over three-fourths of the area and was absolutely greatest in Madras southeast and Madras coast north, which obtained 9" and 4" respectively in place of the normal 18" and 12". The shortage was thus serious.



The quantity of cloud was generally in slight defect. Temperature was nearly  $1\frac{1}{2}^{\circ}$  above its mean value in Hyderabad, Mysore and Madras and normal in Bombay. The air contained about the usual amount of moisture except in Hyderabad, and there the percentage of saturation was 8 below the average.

Division.	RETREATING SOUTH-WEST MONSOON PERIOD, OCTOBER TO DECEMBER.						
	RAINFALL.				DEPARTURE FROM NORMAL OF		
	Actual.	Normal.	Departure from normal.	Percentage departure from normal.	Mean temperature.	Relative humidity.	Cloud.
	"	"	"		o		
Burma ...	11·8	7·3	+ 4·5	+ 62	+ 0·2	+ 4	+ 0·9
Eastern Bengal and Assam.	8·0	6·1	+ 1·9	+ 31	+ 1·1	— 2	0
Bengal ...	2·9	4·2	— 1·3	— 31	+ 0·7	— 2	— 0·1
United Provinces ...	1·3	1·8	— 0·5	— 28	+ 0·5	— 1	— 0·1
Punjab ...	1·7	0·8	+ 0·9	+ 113	+ 0·6	+ 5	— 0·6
North-West Frontier Province.	2·0	1·2	+ 0·8	+ 67	+ 0·9	+ 5	— 0·3
Sind ...	0·2	0·2	0	0	+ 1·5	+ 12	+ 0·1
Rajputana ...	1·0	0·7	+ 0·3	+ 43	— 0·6	+ 6	— 0·3
Bombay...	1·5	3·7	— 2·2	— 59	+ 0·1	0	— 0·4
Central India ...	0·8	1·6	— 0·8	— 50	+ 0·8	0	+ 0·4
Central Provinces ...	2·9	2·5	+ 0·4	+ 16	+ 0·4	— 2	+ 0·3
Hyderabad ...	0·6	4·1	— 3·5	— 85	+ 1·4	— 8	— 0·4
Mysore ...	6·7	7·8	— 1·1	— 14	+ 1·6	0	— 1·0
Madras ...	6·5	14·5	— 8·0	— 55	+ 1·5	— 3	— 0·4
Mean of India when the size of the above areas is taken into account.	3·8	4·4	— 0·6	— 14	+ 0·6	0	— 0·6

Sub-division.	RAINFALL, OCTOBER TO DECEMBER.			
	Actual.	Normal.	Departure from normal.	Percentage departure from normal.
	"	"	"	
1. Bay Islands ...	30'4	19'6	+10'8	+55
2. Lower Burma ...	14'6	8'7	+5'9	+68
3. Upper Burma ...	9'5	6'0	+3'5	+58
4. Assam ...	6'5	6'2	+0'3	+5
5. Eastern Bengal ...	9'6	5'9	+3'7	+63
6. Bengal ...	4'1	4'5	—0'4	—9
7. Orissa ...	4'0	6'9	—2'9	—42
8. Chota Nagpur ...	1'5	3'3	—1'8	—55
9. Bihar ...	1'5	2'9	—1'4	—48
10. United Provinces, East ...	1'1	2'3	—1'2	—52
11. Do. do. West ...	1'5	1'3	+0'2	+15
12. Punjab, East and North ...	1'9	0'9	+1'0	+111
13. Punjab, Southwest ...	1'0	0'4	+0'6	+150
14. Kashmir ...	3'3	2'5	+0'8	+32
15. North-West Frontier Province ...	2'0	1'2	+0'8	+67
16. Baluchistan ...	1'4	1'5	—0'1	—7
17. Sind ...	0'2	0'2	0	0
18. Rajputana, West ...	0'7	0'4	+0'3	+75
19. Rajputana, East ...	1'1	0'8	+0'3	+37
20. Gujarat ...	0'3	1'2	—0'9	—75
21. Central India, West ...	0'8	1'2	—0'4	—33
22. Do. do. East ...	0'8	2'3	—1'5	—65
23. Berar ...	3'2	2'6	+0'6	+23
24. Central Provinces, West ...	2'4	2'4	0	0
25. Do. do. East ...	3'1	2'7	+0'4	+15
26. Konkan ...	1'6	5'4	—3'8	—70
27. Bombay Deccan ...	2'1	4'7	—2'6	—55
28. Hyderabad, North ...	0'9	3'9	—3'0	—77
29. Do. South ...	0'3	4'3	—4'0	—93
30. Mysore ...	6'7	7'8	—1'1	—14
31. Malabar ...	11'5	15'0	—3'5	—23
32. Madras, Southeast ...	8'8	18'0	—9'2	—51
33. Do. Deccan ...	1'1	7'4	—6'3	—85
34. Do. Coast, North ...	3'9	11'9	—8'0	—67



## SECTION II.

### EUROPEAN ARMY OF INDIA.

2. The average daily strength of the European troops in India during 1909,

India—Appendices A and B to Section II,  
Tables I, III and LIII.

good. The statement in the margin gives the chief rates for 1909. All were the

India.		All causes. Ratios per 1,000.		
		1903-07.	1908.	1909.
Admissions	...	879.4	839.5	716.9
Constantly sick	...	54.0	45.7	40.3
Deaths	...	10.51	9.78	6.25
Invalids	...	27.91	15.64	9.07

excluding officers, was 71,556 and notwithstanding a legacy of chronic malaria left from 1908 their health was exceptionally good. The statement in the margin gives the chief rates for 1909. All were the lowest ever recorded for the European army in India and it is noteworthy that every chief disease, except influenza, shared in the decrease of sickness. The chief cause of mortality was, as usual, enteric fever, but as compared with 1908 more than 33 per cent of the decrease in the total death rate was due to the lessened

ed mortality from that disease, only 113 deaths being recorded from it as compared with 190 in that year. From all causes only 649 men were invalided as compared with the previous year's total of 1,078. As a result of the very unhealthy autumn of 1908 malaria was the chief cause of invaliding during 1909, the number invalided on account of it being 76. Valvular disease and disordered action of the heart caused 71 invalidings, tubercle of the lungs 66, mental diseases 50, ear diseases 49 and venereal diseases 34.

The causes of the present very low rates of sickness, death and invaliding merit fuller discussion than can be accorded to them here. One of them stands out as especially worthy of record and will now be indicated; others will be mentioned in the paragraphs relating to enteric fever, malaria, and venereal disease, these being the three diseases of most importance in the European army. If the annual rates of the last decade are compared with one another it will be apparent that the reduction during the last three years is remarkable not more for its degree than for its suddenness: it would seem as if a previously unknown or untried hygienic measure of great power had been brought into use. There is considerable evidence that such a supposition could be verified—that it is indeed the case that a measure untried until quite recently has been a very potent cause of the reduction in the rates. The measure referred to is personal or individual hygiene. It will not be denied that until quite recent years all sanitary effort for bettering the health of European troops in India had to be classed under the heading of public hygiene—the individuals concerned were viewed as irrational beings who could not or would not understand and profit by knowledge of methods by which they could help themselves to guard against infectious diseases. During the last few years a great change of opinion in this connection has occurred, and while we know that the old ideal of military hygienists was to free the surroundings of the soldiers from all infectious germs, we may suppose that the new ideal is to inculcate such knowledge into the soldiers that it is of little consequence whether their surroundings are free from germs or not. The annual reports by medical and sanitary officers contain the evidence



that justifies this view. We read that in many stations combatant officers have associated themselves with medical officers in a common endeavour to teach the soldiers how to guard against enteric fever, malaria, and venereal disease. As regards enteric fever we learn that leaflets are issued to the men, that lectures are always followed by a great increase in the numbers of those who come forward to be inoculated, and that a knowledge of the principles underlying this method of protection has enabled the men better to realise its benefits. As regards malaria we know that in a number of regiments, officers and men have combined to employ a part of the regimental funds for the provision of mosquito curtains, that large numbers of men of their own accord employ quinine as a prophylactic regularly and in an intelligent manner, and that where mosquito destruction operations are concerned few are more enthusiastic in the campaign than the average British soldier. As regards venereal disease we are aware that the lectures and talks to the men regularly given by combatant and medical officers have been probably of all the measures ever tried the most effective in bringing about the remarkable reduction that has occurred. We read also that increase of knowledge has made men feel that to contract venereal disease is disgraceful to themselves and to their regiments, and we learn that a knowledge of the principles and results of the method of continuous and long treatment now adopted is much appreciated and that as a consequence it happens not infrequently that men who have contracted syphilis extend their term of service in order to obtain the full course of treatment. Finally we are aware that among the many factors that have tended towards the diminution of disease generally and of certain diseases in particular, the influence of the widespread increase of temperance among European soldiers in India has been of great importance. These remarks are sufficient to indicate that the seeds of personal or individual hygiene are not being sown on barren ground when they are spread among the European army in India, and that the plan which from its recent adoption may not inappropriately be termed "the new hygiene for European troops" has proved to be a reasonable and efficacious method of preventing disease.

3. The relative healthiness of the troops comprising the Northern and Southern armies can be ascertained very easily with the aid of Appendix A to this section. The greater amount of sickness and mortality in the Northern army is noteworthy and from the statistics in Table I of the standard tables it will be seen that except venereal disease nearly all the chief diseases contributed to the increase. The feature of the statistics relating to Divisions (Appendix A) is the great reduction of the figures under all headings as compared with the figures of 1908. The statistics of troops in the Quetta, Poona and Rawalpindi Divisions were more favourable than in the other Divisions during 1909.

Only twelve stations as compared with 22 last year come in the list of those that, according to the statistical method adopted in this report, are to be regarded as having been especially unhealthy during the year. Full abstracts of the sanitary reports on these stations will be found in Table V, so it is not necessary to do more than draw attention to them here. As regards the prevalence of important diseases in plains stations where the average annual strength was 500 or more, the incidence of enteric fever was greatest at Meerut, Kirkee, Lahore, Lucknow and Sialkot; of malaria at Agra, Ferozepore, Meerut and



Multan; of dysentery at Kirkee, Lucknow, Bangalore and Dalhousie; and of venereal diseases at Rangoon, Bellary, Fort William and Colaba.

4. In appendix B to this section and in Table II of the standard tables will

Geographical groups.

be found the statistics of European troops arranged according to the areas into which

India has been divided from the meteorological and physiographical points of view. It will be seen that the rates of admission to hospital were lower than in the previous year in eight of the 12 groups. The Burma Coast and Bay Islands group where the admission rates from a number of the principal diseases were higher than in 1908, contains only the stations of Rangoon and Port Blair. Malaria, pyrexia of uncertain origin, and venereal diseases were the chief causes of the increased rate. The higher admission rate for the year in the Gangetic Plain group was due to the greater amount of sickness in only three of the seven stations in the group, namely, Cawnpore, Lucknow and Dinapore; but in these stations as well as in the group as a whole the death rates were very much lower than in 1908; in Cawnpore the death rate fell from 18.78 to 2.09, in Lucknow from 13.45 to 7.03 and in Dinapore from 12.78 to 5.56. Also in the Western Coast group although the admission rate was slightly higher than in 1908 the death rate fell from 10.10 to 7.85. The Hill Convalescent Depots and Sanitaria was the only other group in which an increased admission rate was recorded for 1909 and in this group it was due chiefly to the relapses of malaria from which men who had contracted the disease in the autumn of 1908 continued to suffer.

5. Cholera caused twelve admissions to hospital and seven deaths as compared with 93 admissions and 76 deaths in

Cholera. Appendices A & B, Table VII.

1908. The stations at which the cases

occurred were Secunderabad, Belgaum, Dinapore, Kampti, Ahmednagar, Amritsar and Thayetmyo. Five of the cases occurred at Secunderabad among the men of a patrol employed on field manoeuvres the previous day. At first ptomaine poisoning was suspected, but the patients had had no food except the usual rations that had been served out to the whole regiment. It was found that the five men had drunk muddy water from a small tank close to a village. The only other station with more than one case was Belgaum in which there were three, two occurring on the 23rd of June and one on the 29th. The place of origin was not discovered.

6. Small-pox was less prevalent among the civil population than in 1908, and

Small-pox. Appendices A & B, Tables III & IV.

among European troops only 19 cases were recorded as compared with 53 in that year.

There were five cases at Mhow, four each at Fort William and Poona, two at Bangalore and one each at Campbellpore, Ambala, Kirkee and Dalhousie. The only fatal case occurred at Fort William (Calcutta) where a conductor in the Indian Ordnance Department who had been revaccinated 26 years previously died from the confluent type of the disease.

7. In India generally the year 1909 was not unusually malarious, but a large number of soldiers who had contracted the

Malaria. Appendix B, Table X.

disease in the very unhealthy autumn of

1908 continued to suffer frequently from relapses during the months between January and June, and for this reason the statistics do not show the marked reduction that might have been expected. The admissions to hospital numbered 14,511 (203 per thousand) as compared with 16,824 (244 per thousand) in 1908,



but there were 6,909 cases treated "in barracks" as compared with 6,703. The deaths numbered 26 as compared with 35 and the invalidings to England 76 as compared with 62. The relative monthly incidence of the disease during the two years is shown in the following tabular statement:—

*Annual admission rates per 1000, from malaria, by months.*

		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
1908	...	76·8	55·2	62·4	73·2	98·4	117·6	145·2	259·2	588·0	693·6	481·2	274·8
1909	...	180·0	92·4	124·8	163·2	195·6	207·6	266·4	278·4	261·6	260·4	241·2	156·0
1908	...	33·5	22·7	28·1	28·8	32·4	45·9	56·7	59·7	206·4	256·7	241·3	157·4
1909	...	109·1	75·8	69·6	86·3	109·7	106·8	100·6	101·7	103·1	116·7	107·4	71·2

Taking into consideration all the statistics just detailed it is plain that relapses were the dominant feature of 1909. To their influence must be attributed the rise in the admission rates from malaria not only in hill stations and sanatoria such as Landour, Gharial, Cherat, Dalhousie, Jutogh, Darjeeling and Murree to which many of the less robust soldiers were sent in the early months of the year, but also the rise in a number of stations in the plains. Thus at Jullundur the admission rate for 1909 was 522 per thousand as compared with only 349 in 1908, but from Table X we learn that considerably more than half the total admissions for the year occurred from January to April, a period when this station may be said to be almost free from mosquitoes and new infections. The medical officer attributed the large number of cases to the arrival of a regiment that had suffered severely from malaria in Amritsar during the previous autumn. At Fort William, Ambala, Nowshera, Muttra, Colaba and some other stations, a similar change in the usual incidence of admissions to hospital from malaria occurred. At Colaba the considerable incidence during the first half of the year was attributed to the arrival of the 1st Gloucestershire regiment from Lahore Cantonment (Mian Mir). It is said that this regiment suffered so severely from malaria until the end of June that it was considered unfit for active service.

From the above remarks it will be seen that the year was one in which curative measures held a very important place in the campaign against malaria and it was doubtless of great advantage to the troops that a careful system of "after treatment," to which reference has been frequently made in previous issues of this report, is now adopted at all stations. The following is an abbreviated account of the arrangements carried out at some of the hill stations during the year. From the details given in medical history sheets and by enquiry a nominal roll was prepared of all men who had been attacked with malaria during the previous autumn. Medical inspections enabled these men to be divided into three classes, namely, (1) men found to be fit for all duties; they received no medicine, but had to attend at the hospital once a month to be weighed and to report whether they had had fever or not, (2) men found to be fit for light duties; they were weighed every week and had to attend at the hospital twice a week to receive a dose of quinine, (3) men found unfit for duty; they attended for medicine daily at the hospital for from six weeks to three months as might be necessary. At Campbellpore the system of "after



treatment " was to administer 15 grains of quinine on Thursdays and 10 grains on Sundays for six weeks, and there was only one case of relapse among 52 men so treated. At Gharial where the 1st Northumberland Fusiliers arrived in a very bad state of health from Peshawar, it is said that 62 men were treated by intramuscular injections of 10 grains of quinine once a week for ten weeks "with excellent results." Another measure very necessary in a year like 1909 was the discovery and special treatment of all soldiers who though apparently well and performing all their duties were found to have malaria parasites in their blood. A systematic search for such " malaria carriers " was made at Ferozepore and among 211 men whose blood was examined with that object 16 were found to have malignant tertian parasites in their blood and 9 were found to have benign tertian parasites. All the men examined were performing their duties and were supposed to be taking prophylactic doses of quinine. The plan of segregating all malaria patients and obliging them to sleep under mosquito curtains was adopted in a large number of stations. The measures taken to prevent new infections were of the same kind as in recent years, but the good results attending measures classed under the heading " prophylaxis for the individual " are becoming more widely recognised and applied. The use of mosquito curtains by a large proportion of soldiers is mentioned in the annual reports relating to Peshawar, Lahore, Rawalpindi, Agra, Delhi, Dum Dum, Benares, Nasirabad, Neemuch and Pachmarhi. In Lahore nets were used by all men doing duty in the Fort and the medical officer strongly recommended their issue to everyone in the Cantonment. The medical officer at Rawalpindi reports that every man in the garrison was provided with a mosquito net, that the cost of each net with poles was 4 rupees and that half the amount was paid by the men themselves and half from the regimental funds. He states that the ideal way of passing the nights during the hot weather in Rawalpindi is to sleep in the open under a mosquito net, and considers that this should be enforced for everyone. Punkhas are not required if one sleeps in the open. At Agra mosquito nets were used by all men in the Fort and the medical officer reported his conviction that mechanical protection by netting will eventually prove the chief factor in ensuring a permanent decrease in the incidence of malaria. At Dum Dum the cost of a net and poles was 3 rupees and at Nasirabad 3 rupees eight annas. In the latter station the regiment and batteries provided the curtains at their own expense. Quinine prophylaxis was, as usual, carried out in nearly every station during the malarious season. There is little that is new to be recorded about the arrangements for administration. The Principal Medical Officers of several Divisions considered that reported failures by this method are usually a sign of faulty administration of the drug, and at one or two stations the medical officers reported that non-commissioned officers cannot in all cases be relied upon to see the prophylactic doses given. The importance of superintending personally the dispensing of the quinine solution is referred to at one station. To give the drug in solution is considered by the majority of medical officers to be far more efficacious than to give it in tablet form and several refer to the great advantage of adding to the solution small doses of magnesium sulphate or other drug that will bring about an increase in the flow of bile. In view of our knowledge that quinine is readily soluble in bile this is an important point. Nearly all medical officers agree that soldiers seldom or never object to take quinine prophylactically—indeed it is not improbable that some soldiers take more quinine than is good for them—but several report that men object to attend special



parades to receive the prophylactic doses. The only other measure of individual prophylaxis that need be mentioned was the institution of an experimental segregation camp for healthy men at Ferozepore. Seventy-five men occupied the camp from the 18th of September until the 25th of October. No mosquitoes were found in the tents but sandflies were numerous. The men were in excellent health during their stay in camp. As regards measures of general prophylaxis the usual efforts to limit the number of mosquitoes by minor antilarval methods were carried out with thoroughness and zeal at nearly all stations in the plains, but in the absence of initial investigation it is not possible to say whether these measures had any effect.

8. There were 4,386 admissions to hospital and one death recorded under the heading pyrexia of uncertain origin during 1909 as compared with 5,096 admissions in 1908, but a larger number of these cases were treated "in barracks"—2,165 as compared with 1,526. The heading is used by most medical officers as a substitute for the heading simple continued fever that was removed from the annual returns at the end of 1907. A number of the cases during 1909 were malarial in origin, but at Peshawar and a few other stations a considerable proportion of them were considered to be cases of phlebotomus or sandfly fever. In this belief the medical officer at Peshawar did not feel justified in returning them as pyrexia of uncertain origin and chose the heading influenza, which appeared to him to be the heading in the Nomenclature of Diseases that best indicated the symptoms present. This explains the statistical prevalence of influenza (365 cases) at Peshawar during 1909. In the returns for 1910 it will not be necessary to adopt an alternative of this kind because a new heading "phlebotomus or sandfly fever" has been added.

9. Only one admission to hospital during 1909 was due to Malta fever as compared with three in 1908, five in 1907, and seven in 1906. The case occurred at Ranikhet. It was said that the patient had had several attacks previously.

10. Five cases of kala-azar with two deaths were recorded among European troops during the year, as compared with four cases and one death in 1908. Two of the cases occurred at Lucknow and one each at Sitapur, Darjeeling and Wellington. The patients at Lucknow were said to have contracted the infection in Dum Dum and the patient at Wellington in Burdwan. In all the cases the diagnosis was confirmed by finding the parasite.

11. The statement in the margin shows at a glance the number of admissions to hospital, the number of deaths, and the admission and death rates per thousand of average strength, recorded from enteric fever among European troops in India during each of the last five years. It will be seen that the indications of a diminution of the admissions and deaths shown in the figures for 1907 and 1908 culminated in a remarkable and sudden fall in the numbers and rates in 1909; the admission rate was lower than in any year since 1883 and the death rate was lower than in any

Pyrexia of uncertain origin. Appendix B, Table IX.

Malta fever. Table LIII.

Kala-Azar. Table LIII.

Enteric fever in 1909—Appendices A and B to Section II and D to Section III, Tables III, IV, VIII.

Years.	Admissions.	Deaths.
1905 ... {	1,146 16.1	213 2.99
1906 ... {	1,095 15.6	224 3.19
1907 ... {	910 13.1	192 2.77
1908 ... {	1,001 14.5	190 2.76
1909 ... {	639 8.9	113 1.58



year since 1875. The average number constantly sick was less by about 37 than in 1908 and the total loss of service due to the disease was less by 13,730 days. A further remarkable feature of the statistics was the much lower case mortality. Among 7,635 cases during the years from 1898 to 1902 the fatality was 23·4 per cent and among 6,955 cases during 1903 to 1907 it was 17·1 per cent. In 1908 taking into account the cases that remained under treatment at the end of 1907 the figure was 17 per cent and in 1909 it was only 14 per cent.

In the Northern army the admission rate for 1909 was 10·9 per thousand and the death rate 2·11 per thousand; in the Southern army the rates were only 6·8 and 1·05 respectively. The difference is not unusual and is due to the fact that in Burma and in many parts of the Madras Presidency enteric fever is not prevalent among European troops. As regards Divisions the incidence of the disease was greatest among troops in the 8th (Lucknow) and 7th (Meerut) Divisions, and least among troops in the 10th (Burma) and 4th (Quetta) Divisions. In all except one of the Geographical Groups the admission rates were lower than in 1908.

In the absence of statistics relating to regiments the greatly diminished prevalence of the disease is best indicated in the statistics of stations. We find that in 1908 there were eleven stations in which admission rates of over 30 per thousand were recorded, but that in 1909 the convalescent depot of Naini Tal was the only station where the rate was higher than this. Excluding Naini Tal the highest rate recorded in any station was 28·3 in Benares. In a number of stations the fall in the number of cases as compared with 1908 was great, as for example from 93 to 21 in Rawalpindi, from 80 to 20 in Secunderabad and from 52 to 18 in Peshawar.

The largest numbers of cases occurring in stations during the year were 56 in Lucknow and Meerut and 30 in Lahore; in 1908 the largest numbers were 93 in Rawalpindi and 80 in Secunderabad.

The reduction of enteric fever naturally forms the chief topic of comment by medical and sanitary officers. "Enteric fever will soon cease to be a serious cause of disability" is evidently the idea that is uppermost in the minds of those officers, and the idea, optimistic though it is, is justifiable not only because a great reduction has already occurred, but also, and chiefly, because we believe we know the measures by which the reduction has been effected. Those measures differ essentially from the various expedients which in years gone by were the only resources available, in that they are not empirical attempts to attack what are thought (chiefly on general grounds) to be the vehicles of infection in the environment, but are founded upon the firm basis of knowledge derived from investigation. In view of the importance of the change of method it is not out of place to recall the chief events that led up to it. It had always been intended that the cause and prevention of enteric fever among European troops in India should be the first enquiry undertaken at the new Central Research Institute, and in 1903 the late Professor Koch's brilliant discoveries regarding enteric fever in Alsace-Lorraine indicated the line that the enquiry should follow. It was essential that Professor Koch's methods should be studied on the spot and with that object the Sanitary Commissioner made arrangements in 1905, through Professor Kossel of the University of Giessen, to visit the scene of

#### Causes of the reduction.



the work. The necessary permission from the authorities in Germany arrived too late to enable him to carry out the proposed plan and he therefore suggested to Captain E. D. W. Greig, I.M.S., that he should endeavour to do so. On the Sanitary Commissioner's recommendation the Government of India sanctioned Captain Greig's deputation to Germany in the autumn of 1905, and on his return to India the enquiry at the Central Research Institute was commenced under the direction of Lieutenant-Colonel Semple (the Director of the Institute) and Captain Greig in April 1906. The results of the enquiry were far-reaching and promised to settle most of the vexed problems regarding enteric fever among European troops in India. In July 1906 the Government of India, on the recommendation of His Excellency the Commander-in-Chief, approved the formation of a Standing Committee on enteric fever, the Principal Medical Officer, His Majesty's Forces in India, being President. With this Committee's assistance practical effect was given to the recommendations arising from the results of the enquiry at the Central Research Institute. The chief results and recommendations were: (1) "As a considerable proportion of convalescents from enteric fever harbour and excrete typhoid bacilli, sometimes for long periods, they are a source of danger to troops. It is, therefore, strongly recommended that accommodation be provided in the hills for isolating enteric fever convalescents away from other troops. The places selected for this must have at their command bacteriological laboratories where cultivations from the excreta can be made daily to determine when the individuals are free from infection: also efficient means for disinfection." (2) "It has been proved that a proportion of those who have suffered from enteric fever either in a form recognised as such or so slightly as to escape recognition and of those who have been in close contact with them harbour and excrete typhoid bacilli for considerable periods while showing no symptoms of illness. The handling of food by such persons is a great source of danger to others, and outbreaks of the disease have been definitely traced to this source. It is, therefore, strongly recommended that all men, British or Native, whom it is proposed to employ in connection with food intended for British troops, in kitchens, officers' and non-commissioned officers' messes, regimental dairies, bakeries, mineral water factories, etc., should first be medically examined to detect and prevent the employment of any who may be harbouring the infection of enteric fever. No man who has recently suffered from enteric fever should be so employed until it has been placed beyond all doubt, by repeated bacteriological examinations, that he no longer harbours the *B. typhosus*." (3) "As it is found that orderlies nursing enteric fever patients suffer from the disease in considerably greater proportion than other men, and that a certain number of cases occur in patients under treatment in hospital for other diseases, it is recommended that, (a) all such men not protected by a previous attack of the disease should be inoculated and the operation repeated when one year has elapsed since the previous inoculation; (b) in selecting men for such employment preference should be given to those whose age and service in India make them less liable to infection; (c) orderlies nursing enteric fever patients should not be allowed at the same time to attend other patients." (4) "The present system of employing soldiers of combatant units for nursing enteric fever patients is considered a great danger, these men mix freely with their comrades and at short intervals return to duty with their units. A certain number have been found to be harbouring the *B. typhosus* in their bodies without suffering from any symptoms of disease, but capable of spreading enteric fever to others. To avoid what may be a frequent means of spreading the disease, it is considered



urgently necessary that a special corps of male nurses should, as soon as possible, be instituted."

Upon these recommendations a very effective campaign of attack is being gradually instituted. The opening of the Naini Tal depot for enteric fever convalescents was described in last year's report. The number of men received at this depot from April 1908 until the end of 1909 was 655 of whom 550 underwent the bacteriological examinations necessary for the detection of carriers. Six chronic bacillus-carriers were detected during 1908 and seven during 1909. The second convalescent depot was officially declared open at Wellington in June 1909, but convalescents had been received for several months before that date. During the last six months of the year 123 men were dealt with, of whom 64 underwent complete bacteriological examination and were discharged to duty, 10 were discharged time-expired before the examinations upon them were completed and 49 were still undergoing examination at the end of the year. One man was found to be an intermittent chronic carrier.\* It has to be remembered that all convalescents are kept at these depots more than four months so that it is necessary to discover only those men who excrete the bacilli longer than this, and that even if no bacillus-carrier of this class were discovered, the accomplishment of the primary object of the depots, namely the removal of enteric fever convalescents from their stations and their segregation where they cannot be a danger to others would fully justify the establishment of the depots. The reports by medical and sanitary officers contain evidence that the second of the recommendations, namely the thorough examination of everyone who has to handle the food for European soldiers, has received full attention and that those examinations are in a number of stations extended to the Native as well as to the European staff. The third recommendation, relating to orderlies nursing enteric fever patients, is being carried out in its entirety, and although the fourth recommendation, that a special corps of male nurses should be enlisted, has not yet been adopted, the teaching now given to nursing orderlies and the stringent rules with which they comply in regard to disinfection and other measures for preventing the spread of enteric fever by their agency must have minimized the danger referred to in the recommendation. There are still two other measures to be referred to among those that have come about as a direct result of scientific investigation. The first is the plan of seeking for men who may be suffering from enteric fever, instead of waiting until the patients feel ill enough to go to hospital. To this end frequent inspections are held, and whenever a case of enteric fever has occurred, a special investigation of contacts and others is made to ascertain by bacteriological examination whether an ambulant or mild case or a person who is excreting bacilli without manifesting symptoms has remained undetected. During 1909 in Nowshera, Peshawar, Multan, Sialkot, Bareilly, Nowgong, Poona and a few other stations such investigations included the examination of Natives as well as Europeans. The second measure is anti-typhoid inoculation. The material and methods for this voluntary measure have been greatly improved during recent years and especially during 1909 the efforts to popularize it were responded to by officers and men in a very encouraging manner. It is satisfactory also that information relating to this subject is now being collected in a way that will enable the results to be treated by modern statistical

\* In the faeces of two other convalescents typhoid bacilli were found once. In the first of these cases the interval between the cessation of fever and the discovery of the bacilli was 2½ months and 73 subsequent examinations made during the five months following the discovery were negative. In the second case the interval was 3½ months and 30 subsequent examinations made during the two months following the discovery were negative.



methods. The purpose of the new plan is to ensure that, on certain stated dates during the year, a census relating to each corps or unit in India will be carefully taken under the headings shown in the statement below. The returns on this plan were first made on the 30th September 1910 and from them the following summary has been compiled :—

Name of corps or unit.			Total men present on the day this census is taken.	Total present who have been properly inoculated at any time before the day this census is taken.*	Total present who have been inoculated and not afterwards attacked.†	Total present who have been inoculated but afterwards attacked.†	Total present who are uninoculated and un-attacked.	Total present who are uninoculated but have been attacked.
1			2	3	4	5	6	7
Cavalry	...	...	5,440	3,602	4,175	140	855	159
Royal Field Artillery	...	...	7,490	4,055	5,462	101	1,602	313
Royal Garrison Artillery	...	...	4,015	1,977	2,509	36	1,320	134
Royal Horse Artillery	...	...	1,892	1,230	1,421	26	356	84
Ammunition Column	...	...	596	303	387	11	171	38
Royal Engineers	...	...	113	19	22	0	78	10
Infantry	...	...	49,215	34,752	40,704	668	6,735	969
Staff and Departments	...	...	878	193	268	10	557	41
Attached Corps	...	...	854	317	420	10	400	23
<i>India</i>			70,493	46,448	55,368	1,002	12,704	1,771

\* By properly inoculated is meant that the man has received two or more doses of vaccine; men who have received only one dose are excluded from this column.

† In these columns men who have received only one dose of vaccine are included.

Unfortunately at some stations the instructions that accompanied the form were misunderstood and for this reason it has especially to be noted that the figures are not strictly accurate, but the information is the best at present available. For the next census, which is due to be taken on the 31st December 1910, complete instructions dealing particularly with the points in regard to which errors were made have been issued, and that census, it is hoped, will provide an accurate record. It will be seen that the data in columns 4 to 7 are such as will enable the correlation coefficients to be worked out by the "four-fold table" method described by Professor Pearson, and this will be done on the figures for the next or a subsequent census in regard to which it may be found that the data are, as far as can be judged, strictly accurate. In the meantime it must suffice to refer briefly to some other considerations that tend to show the value of anti-typhoid inoculation. A close examination of the annual reports by medical officers for 1909 has shown that without exception all those officers are convinced of the great value of the measure. Unanimous opinion of this kind is of considerable importance, especially if it is possible to analyse the observations upon which it is based. Doubtless it is based upon the frequent observation that if inoculation sometimes fails to prevent enteric



fever it at the least may be relied upon to mitigate its course and in a large proportion of cases to prevent death. Dealing with the statistics for 1909 only, the following is the nature of that kind of evidence. (1) In order to ascertain whether inoculation mitigates the severity of the disease we may examine for inoculated and uninoculated patients respectively the duration of fever and the frequency of complications. For 1909 this information is available in regard to 170 inoculated and 455 uninoculated patients, but it is clear that in some instances medical officers have recorded the number of days in hospital instead of the number of days of fever and that this has been done a little more frequently for inoculated than for uninoculated cases. For these reasons it happens that the mean duration of fever in the inoculated patients works out to 23·01 days and in the uninoculated patients to 23·75 days, both figures being high and very similar. In order to interpret the statistics correctly they must be treated by a method which is uninfluenced by the presence of the extreme values, and this can be done by ascertaining the frequency distribution of the days relating to inoculated and uninoculated cases respectively. The results by this method show that for inoculated cases the "mode" (which is the technical term for the most likely event) is 15—16 days, while for uninoculated cases it is 21—22 days. We may say, therefore, that in 1909 the type of an inoculated case of enteric fever was one in which the fever lasted 15—16 days and that the type of an uninoculated case was one in which the fever lasted 21—22 days; the analysis supports the view of medical officers that the commonest result is for the duration of fever in an inoculated case to be considerably less than in an uninoculated case. The statistics relating to complications show, also, that hæmorrhage and perforation are considerably less likely to occur in an inoculated than in an uninoculated patient. As regards the prevention of death it is sufficient to say that in 1909 the case mortality of inoculated

Relative incidence of enteric fever among men and women of the European Army in India. Admission and death rates per 1,000 of strength.					
Years.	ADMISSION RATES.		DEATH RATES.		
	Men.	Women.	Men.	Women.	
1898 ..	36·3	12·2	10·00	4·81	
1899 ...	20·6	5·8	5·14	2·26	
1900 ...	16·0	7·6	4·77	2·41	
1901 ...	12·8	7·0	3·32	3·30	
1902 ...	16·7	7·8	4·29	1·96	
1903 ..	19·6	8·6	4·18	2·42	
1904 ...	19·7	8·7	3·76	·93	
1905 ...	16·1	8·6	3·00	1·48	
1906 ...	15·6	7·3	3·19	1·46	
1907 ...	13·1	8·9	2·77	1·72	
1908 ...	14·5	13·3	2·76	1·89	
1909 ...	8·9	10·2	1·58	1·53	

first time in the history of enteric fever in India, the admission rate among women was higher than among men and that the death rate was very nearly as high, but if this remarkable change of relative incidence is frequently shown

in future years it will be difficult to find a sufficient reason for it except the reason that inoculation is carried out among the men but not among the women.

The above remarks indicate that probably it is correct to attribute to the benefits of inoculation a considerable proportion of the reduction of enteric fever that has occurred, but we must avoid crediting that practice with the share that is rightly due to the sanitary measures already enumerated. The following table is of interest in this connection.

Enteric fever ratios per 1000.

YEARS.			NORTHERN AREA.		EASTERN AREA.		WESTERN AREA.		SOUTHERN AREA (Excluding Burma).	
			Admis- sions.	Deaths.	Admis- sions.	Deaths.	Admis- sions.	Deaths.	Admis- sions.	Deaths.
1905	...	...	17·7	3·12	16·9	3·11	17·5	3·69	16·8	2·62
1906	...	...	13·0	2·62	18·0	3·71	17·6	4·08	18·5	3·17
1907	...	...	12·8	2·33	11·6	2·87	14·8	3·56	18·3	3·20
1908	...	...	20·4*	3·73*	12·6	2·70	11·7	2·18	16·7	2·70
1909	...	...	8·8	1·53	13·1	2·72	8·2	1·14	6·5	1·37

\* Some of the troops were on Field service.

It will be seen that the Eastern area is the only one in which a marked fall in the rates did not occur in 1909. This area contains 23 stations and it is significant that during 1909 the enteric convalescents in no fewer than twelve of those stations were not sent to the Naini Tal or Wellington convalescent depots.

Of the general sanitary precautions which aim at securing the bacteriological purity of the numerous vehicles by which infection may be transferred it is scarcely necessary to say more than that they have been by no means neglected ; it seems desirable rather to point out that in some stations there is still a tendency to concentrate attention and energy upon precautions that may or may not be of service to the neglect of some of the measures dealt with above that have been proved by bacteriological investigation to be those that aim at the root of the problem. To use cresol or perchloride of mercury during the day time in the latrines of a few British soldiers and to incinerate the excretal solids of a small proportion of the garrison certainly make for cleanliness and an absence of smells and of flies, but there is evidence that concentration of attention upon such efforts is sometimes accompanied by forgetfulness of the measures by which enteric fever is being reduced.

12. Those who make a practice of reading the summary of the literature upon enteric fever that appears annually in this report will have noticed that during the last two or three years it has been possible to include in it a number of observations by medical officers in India. In the present year the unusual interest of some of those observations entitles them to a prominent position in the summary.

The year's literature upon the disease.

And first it may be noted that the more general application of bacteriological methods in diagnosis has shown that quite a number of cases of enteric fever among troops in

The bacilli.



India are believed to be due not to the true *Bacillus typhosus* but to allied bacilli of the paratyphoid group. It appears from the reports of Divisional Sanitary Officers that during 1909 there were diagnosed in their laboratories 34 cases as being due to the paratyphoid bacillus of type A (Brion-Kayser) and 17 as being due to the paratyphoid bacillus of type B (Schottmüller). Even if those were the only cases of paratyphoid fever that occurred during the year the percentage worked upon the total number of cases of enteric fever recorded would be higher than has usually been found in other countries.<sup>1</sup> Cases were diagnosed under one or both those headings in every Division except Quetta and Poona. As regards the Lucknow Division no case of paratyphoid fever was mentioned in the Sanitary Officer's report, but at the convalescent dépôt of Naini Tal Captain Harvey, R.A.M.C., diagnosed ten cases from Lucknow as being due to type A of the bacillus. His report<sup>2</sup> upon those cases and one other from Chaubuttia contains full details regarding the type of fever present and the characters of the bacillus isolated from the blood or excreta of ten of the patients. In all the cases the symptoms were indistinguishable from those present in mild cases of true typhoid fever, but a clear mental state was a feature of all, and on the whole the idea was given that the patients were suffering from an acute inflammatory process rather than from a septicæmia. Rose spots were present in five of the eleven cases, tympanitis and diarrhœa in three and epistaxis in only one. Cholecystitis was a subsequent complication in one case. The pulse rate of several of the patients was much higher than is usual in uncomplicated cases of ordinary typhoid fever, a sign that has been noted also by Baermann and Eckersdorff in their account of eight cases of paratyphoid fever due to the bacillus of type A.<sup>3</sup> The results of the Widal test were peculiar in that, although the *B. paratyphosus* A was agglutinated more quickly than the *B. typhosus*, the latter bacillus was always agglutinated by higher dilutions of the sera than the former. One patient was proved to be a chronic carrier of type A of the bacillus. Another interesting finding at the Naini Tal dépôt was that of a bacillus which could not be classed as either a typhoid or paratyphoid bacillus. It was isolated from a patient who had passed through an illness diagnosed as enteric fever at Darjeeling. In some respects the description of the case suggests a resemblance to the long continued types of fever that are not uncommon among Native soldiers in India. The patient's temperature while in hospital was of a high remittent type with occasional intermissions. It dropped to normal on the 34th day of the illness. After his arrival at the convalescent dépôt his urine was found to contain a bacillus, the colonies of which resembled those of the *B. paratyphosus* type B, but the bacillus differed from either of the commonly known paratyphoid strains in that it produced a trace of gas after 48 hours in lactose, fermented cane sugar, and was not agglutinated by typhoid or paratyphoid sera of high power. It differed markedly from the *B. coli communis* in the appearance of its colonies on the Conradi medium and on neutral red agar plates; also in that it only very slowly fermented lactose and did not clot milk. At every examination from December 1908 until July 1909, when the patient was discharged from the dépôt, the bacillus was found in pure culture in the urine and its cultural and other characters did not change. It will be remembered that the literature dealt with in last year's summary contained many similar examples of so-called "intermediate forms" of bacilli being found in enteric-like illnesses and reports of such findings are equally common in the literature of the current year. It is sufficient to mention articles and references by Schöne<sup>4</sup>, Marotte<sup>5</sup>, Fischer<sup>6</sup>,



Küster<sup>7</sup>, Uhlenhuth and Hübener<sup>8</sup> on the subject and to note that Hübener has recently described a case of acute gastro-enteritis in which the bacillus named by himself and Uhlenhuth the *Bacillus paratyphosus* C. was found to be the causal agent<sup>9</sup>. That bacillus differs from the bacillus of type B chiefly in its properties of being agglutinated and provides one of the examples illustrating the great difficulties that surround the differentiation and classification of the typhosus-like bacilli. The chief types of those bacilli, namely, Gaertner's bacillus on the one hand and the *Bacillus paratyphosus* B on the other, are theoretically easily distinguishable, but they are connected by so many intermediate forms that in practice the matter may be very difficult. Uhlenhuth<sup>10</sup> classifies the strains of Gaertner's bacillus found in the human subject in two groups and the strains of the paratyphoid B bacillus in five groups. It is to be noted also that the subject of differentiation and classification has become more complicated by the discovery in the excreta (and sometimes in the blood) of perfectly healthy people and in the tissues of a very large number of animals, as well as in meat stuffs prepared from slaughtered animals, of Gaertner and paratyphoid bacilli which appear, according to present bacteriological methods, to be identical with those just mentioned. Uhlenhuth and Hübener were the first to report the finding of paratyphoid bacilli in healthy people and of similar bacilli in pigs and other animals, and their discoveries have received widespread confirmation by Conradi, Rommeler, Prigge and Sachs-Müke, Lentz and many others.<sup>11</sup> Heuser,<sup>12</sup> working under Lentz, has also confirmed Zwick's observation that rats and mice frequently harbour paratyphoid bacilli in their alimentary canals without suffering from any illness. There is a great quantity of literature dealing with the significance of findings of this kind. As regards the finding of paratyphoid bacilli in perfectly healthy people, it is usually the case that the bacilli are present on only one or two days, that their numbers are scanty, and that the blood of the persons does not show any agglutinating power. Conradi<sup>13</sup> has proved experimentally that as regards several persons who eat a raw meat hash containing paratyphoid bacilli, the bacilli were excreted in the urine and fæces the next day and no symptoms resulted. In view of the frequency with which meat stuffs are reported to contain paratyphoid bacilli this must be a common occurrence and Conradi considers that his experiment explains the paradoxical finding of paratyphoid bacilli in the excreta of healthy people. Uhlenhuth<sup>14</sup> says that not all the bacilli of the paratyphoid group are equally pathogenic for man and that at present there is no method known by which the dangerous strains can be differentiated from the harmless. Schern<sup>15</sup> has attempted their separation but so far without success. Doubtless the quantity as well as the quality of the bacilli ingested is also of great importance.

For some years it has been realised in India that if the methods of preventing enteric fever indicated in a previous paragraph of this report are to be carried out efficiently, we cannot rely solely upon the clinician for the discovery of all persons who harbour typhoid or typhoid-like bacilli, and it is therefore satisfactory that the spread of knowledge regarding the new principles has been accompanied by a vastly greater use of bacteriological methods of diagnosis. At first the Widal test was the only one of those methods employed, but in 1907 and 1908 the procedure of isolating the bacilli from the peripheral blood was carried out in a few instances and in 1909 the officers in charge of several of the Divisional and Brigade laboratories used it, in addition to the Widal test, almost

Bacteriological methods of diagnosis.



as a routine practice. In the nine Divisional laboratories the method was employed in 280 cases during the year and a positive result was obtained in 97 instances or a little more than 33 per cent. It is apparent that in some of the laboratories the difficulties of technique were not completely overcome, which accounts in part for the comparatively low percentage of successful results. The literature for the year deals chiefly, as usual, with plans for simplifying the procedure from the points of view of the clinician and the bacteriologist. An important paper by Gildemeister,<sup>1</sup> entitled *Nachweis der Typhusbazillen im Blute durch Anreicherung in Wasser*, tends to show that typhoid bacilli can be isolated from the peripheral blood almost as readily when the blood is mixed with a sufficient quantity of sterile water as when it is mixed with bile. Gildemeister's experiments were carried out with the blood-clots that remain in tubes of blood collected for the purposes of Widal's test. The clot is cut into small pieces with sterile scissors and transferred to a sterile glass. From eight to ten times its bulk of distilled water is added and the blood-clot thoroughly broken up and mixed with the water to promote hæmolysis. After incubation for about 24 hours stroke-cultures on agar and on plates of the Drigalski medium are made. With this procedure Gildemeister succeeded in isolating the bacillus from the blood specimens of six cases, and as regards one of the cases the attempt with the usual method of cultivation in bile had failed. Major Cummins, R.A.M.C.,<sup>2</sup> has carried out some experiments to test the value of Gildemeister's simple method and has found that normal blood diluted five to ten times with sterile water serves as a culture medium for the typhoid bacillus when the bacilli are present in considerable number, but that when only a few bacilli are present they are killed. His further experiments showed, however, that if nine parts of a .5 per cent. solution of taurocholate of soda in sterile water are added to one part of blood, the mixture forms a very efficient medium, and with it he succeeded in isolating the bacillus from two recent cases of typhoid fever, using only half a cubic centimetre of blood withdrawn from the finger. The chief disadvantages of ox-bile are that its composition, consistency, and colour are very variable and that it is exceedingly difficult to sterilize. The bacilli usually present in it belong to the colon group and in morphological and cultural characters some of them may closely resemble typhoid or paratyphoid bacilli. If Gildemeister's work leads to a better medium being found a distinct advance will have been made, especially as it is now held by most workers that 1 c. c. of blood, or even less, is a sufficient quantity for the test, that it is quite satisfactory if the blood is drawn by pricking the finger or the lobe of the ear, and that good results can be obtained by using the material sent for the purposes of a Widal test.<sup>3</sup>

Among European troops in India a specimen of the blood of almost every patient suspected to be suffering from enteric fever is submitted to the Widal test and the test is also used among apparently healthy people as an aid to the detection of bacillus-carriers and those who may be suffering from the disease in a very mild form. The results of the examinations made in the Brigade laboratories (where this test is chiefly carried out) during 1909, are not available, but in the Divisional laboratories it was done 2,456 times with a positive result in 702 instances, or about 28 per cent. The numbers are not an indication of the value of the test as a method of diagnosis because they include the examinations made for the detection of cases among apparently healthy soldiers and others who may have come in contact with patients or were thought to be possible sources of infection. In a few instances the test proved of considerable service for that purpose, as, for example, in an outbreak which occurred in



the quarters of the married soldiers at Murree, where its use enabled several very mild and obscure cases to be detected. The limitations of the test as a diagnostic measure and the precautions needful in its employment, were dealt with at considerable length in last year's summary and no article necessitating a modification of those views has since appeared, but in connection with the remarks just made it may be noted that Hecker and Otto, Denmark, and others<sup>4</sup> have reported that the test is exceedingly useful as a means of detecting cases and carriers among people who have come in contact with patients and that Coleman<sup>5</sup> has reported a number of cases of "short duration typhoid fever," some of which in the absence of the test would have remained unrecognised.

In the Divisional laboratories, 493 examinations of specimens of fæces for typhoid or typhoid-like bacilli were made during 1909, and in 51 of them (about 10 per cent.) a positive result was obtained. In 39 instances the *Bacillus typhosus* was isolated, in ten the *Bacillus paratyphosus* type A and in two the *Bacillus paratyphosus* type B. The number of examinations of urine was 195, a positive result being obtained in only twelve or about 6 per cent. The results are in accordance with the experience of most workers that for diagnostic purposes the examination of the excreta is of little value in comparison with the method of blood culture or with the Widal test. The procedure is, however, the only one by which bacillus-carriers can be discovered. At the convalescent dépôt of Naini Tal the urine and fæces of each man were examined for this purpose as a rule twelve times, the number of samples dealt with during the year being 8,200. Seven chronic carriers of bacilli of the typhoid group were detected during the year. The report on the Wellington dépôt contains very few details, but apparently the urine and fæces of each convalescent patient were examined as many as forty times during three months. One chronic carrier was discovered. At both dépôts the Drigalski-Conradi medium is the one in ordinary use. At the Naini Tal dépôt a long trial of Conradi's new "brilliant green" medium was made, but it was found that although colonies of the *Bacillus coli* grow on it less freely than on the ordinary medium they are not so readily distinguished from true typhoid colonies after incubation for only 24 hours. The medium also requires much more peptone and is, therefore, more expensive. In the literature for the year one of the most important papers is by Gaetgens and Brückner.<sup>6</sup> The main purpose of their work was to ascertain the relative value of the chief media recently recommended by different bacteriologists for the isolation of typhoid bacilli from the fæces, but at the same time blood cultures and agglutination tests were carried out, so that the results enable the value of the three methods of diagnosis to be compared. In all 157 persons, suspected to be suffering from enteric fever, were examined, and in 100 of those cases the bacilli were isolated from the fæces during the pyrexial period. The recorded percentages of positive results by the different methods of diagnosis in different weeks of the disease are shown in the following statement:—

Week of the disease.					Positive result by the agglutination test.	Positive result by isolation of the bacillus from the blood.	Positive result by isolation from the fæces.
First	...	...	...	...	100 per cent	47 per cent	57 per cent.
Second	...	...	...	...	93 " "	46 " "	53 " "
Third	...	...	...	...	100 " "	0 " "	77 " "



As regards the results during the first week of the disease, the low percentage of positive results by blood culture was attributed partly to the small amount of blood available for that test and partly to the probability that, although care was taken to ascertain accurately the day that the disease began, some of the cases recorded as being in the first week were really in the second week of the disease. The latter was also the chief reason for the high percentage of positive results with the Widal test. The success in the research of the fæces was due chiefly to the simultaneous use of various media and therefore to the examination of a number of specimens from each case. As regards the relative value of the different media experimented with the highest percentage of positive results was obtained with the medium of Lentz and Tietz (malachite green agar) and the authors recommend the simultaneous employment of that medium and the medium of Endo. A list of other papers dealing with this aspect of the subject is given at the end of the section.<sup>7</sup>

The term enteric bacillus-carriers may be employed comprehensively to include all persons, whether ill or well, in whose excreta enteric bacilli are found. Such persons belong to one or other of the following classes: (1) those who have contracted the disease and will suffer from an attack recognisable clinically, but who begin to excrete the bacilli during the incubation period before clinical symptoms appear. Such people are called primary bacillus-carriers (Conradi) or *porteurs précoces* (Sacquépée<sup>1</sup>); (2) those who are actually suffering from the disease—the enteric patients; (3) those who have passed through an attack of the disease and continue to excrete the bacilli for less than three months after the termination of fever. Some German authorities confine the term *Bazillenträger* to such persons, but to do so leads to confusion and the English term “convalescent carriers” [*porteurs convalescents* (Sacquépée)] is more descriptive; (4) those who have passed through an attack of the disease and continue to excrete the bacilli for more than three months after the termination of fever. The terms chronic bacillus-carriers, *chronische Bazillenträger*, *Dauerbazillenträger* and *porteurs chroniques* are usually applied to such persons, and they include one of the classes designated *Dauerausscheider* by some German authorities and one of the classes designated *porteurs sains* by some French ones. Prigge<sup>2</sup> divides them into two sub-classes according to whether they excrete the bacilli for less or for more than a year and applies the term *Dauerbazillenträger* to persons of the latter sub-class only; (5) those who are not suffering from, and have never suffered from enteric fever even in its mildest form, but harbour and excrete the bacilli without being affected in any way by them. Such persons have been called *akute Bazillenträger* (Klinger), *Bazillenzwischenträger*, (Scheller<sup>3</sup>) and *porteurs éphémères* (Sacquépée). They also include one of the classes designated *porteurs sains* by some authorities. Apparently in England the only one of all these terms that has come into general use is bacillus-carrier, but in the epidemiology and endemiology of the disease the relative importance of the various classes is so different that it is advisable to distinguish between at least some of them. A simple classification, which in the present state of knowledge appears sufficient, would be an arrangement under the headings, (1) paradoxical carriers, (2) temporary carriers, (3) permanent carriers. The first of these headings would contain the carriers of the 5th class mentioned above. Some remarks relating to them have already been made in the first paragraph



of this summary. A few workers consider that all such persons have previously passed through an unrecognised attack of enteric fever and are therefore protected against the effects of the bacillus, but it is unlikely that the explanation would account for all the numerous examples of the phenomenon now on record. In India one or two carriers of this nature were found by the committee of investigation among soldiers employed as nurses, and it is among people who have been attending patients that most of the examples have been discovered. In the first paragraph of this summary it was also mentioned that paratyphoid carriers of this class may be found among healthy people who have eaten food containing the bacilli, and that in those cases the excretion of the bacilli ceases when such food is discontinued. Probably the elimination is equally quick in persons who remain healthy after having accidentally ingested the bacilli while attending patients, and that when such persons are removed from contact with the patients they do not long remain dangerous to others. It has been found that in practice the distinction between a paradoxical carrier and a carrier of the other classes is not as a rule difficult; if the bacilli are found on only one or two consecutive days, if they are few in number, if the blood of the person does not show any agglutinating power, and if subsequent examinations of the excreta are negative, the person would probably be correctly placed in this class. The term temporary carriers has sometimes been applied to those persons only who are here classed as paradoxical carriers, but it seems more appropriate to employ it for all persons except those in the fourth of the classes enumerated above. The term permanent carriers is suitable for the persons in the fourth class, not only because it contrasts sharply with the term temporary carriers, but chiefly because up to the present there is hardly an authentic record of cure among carriers of that class. The endeavours to effect a cure by therapeutic and surgical means have been chronicled year by year in this report and the results are not encouraging. The literature for the current year also contains a number of articles on the subject. Prigge<sup>4</sup> notes that spontaneous cure must be very rare; he found no such case among 28 carriers carefully observed. Lemke<sup>5</sup> immunized five carriers by Pfeiffer and Kolle's method, but as regards the excretion of bacilli the results were negative. In a second report by the Director-General of the Army Medical Service<sup>6</sup> on the treatment of the carriers sent from India no decisive result is recorded. On the other hand, Hilgermann<sup>7</sup> reports a successful result upon a woman aged 71, by treatment with 3 to 5 grammes of salicylate of soda daily, although the same treatment entirely failed in the cases of two other women, and Niepraschk<sup>8</sup> reports a successful result on a urinary carrier by treatment with "borovertin" (a preparation of urotropine and boric acid). In connection with these and other reported recoveries the account of a case that was examined daily for fifteen months by Davies and Hall<sup>9</sup> is important. In that case, which was treated by drugs for three months and by a vaccine for five, the excretion of bacilli in the urine ceased on April 13th, 1909, and subsequent daily examinations for nearly nine months were negative. It was therefore hoped that a cure had been effected, but on January 4th, 1910, the excretion of bacilli in the urine commenced again and continued seven weeks. This result led the authors to suggest that "some of the conclusions of those who claim successful eradication of the typhoid bacillus by this or that method of treatment would be modified or withdrawn were the carriers subjected to more rigorous and continued examinations." On the whole it appears that the problem of how to rid carriers of the bacilli which



they harbour and excrete has not yet been solved and that as a rule all that can be done is to take such hygienic measures as are possible or practicable to prevent them from infecting others. As regards the danger of carriers to the European army in India, the problem has been solved by segregating all convalescents at depôts in the hills and by invaliding to England all men who are found to be permanent carriers. The results of the work done at the convalescent depôts during 1909 with the object of discovering such carriers have already been referred to, and it has been noted that among the carriers found at least one was a carrier of the paratyphoid bacillus type A. Records of paratyphoid carriers are not common and an examination of the literature shows that in all probability this is only the second recorded instance of a carrier of type A of the bacillus. The patient was still excreting the bacilli in his fæces eight months after his attack of enteric fever. An account of the case of a carrier of type B of the bacillus is given by Sacquépée and Bellot<sup>10</sup> in the literature for the current year. In Japan the plan has been adopted of dismissing from the army as unfit for further service all soldiers who continue to excrete the bacilli more than six months after their attack of enteric fever<sup>11</sup>. To deal with permanent carriers among the civil population is a much more difficult task and at present, in the absence of legal powers for the segregation of such people, the only measure that appears to be generally practicable is their thorough education in matters of personal hygiene in the hope that they will voluntarily carry out everywhere and everywhen the simple precautions by which the infection of other people can be in great part prevented. Chief among the measures that can be carried out by the State is, of course, the discovery of carriers by the systematic research of the excreta of everyone who has had typhoid fever, and in this connection it may be noted that the number of typhoid patients who subsequently become permanent carriers varies with sex and age. Women more frequently become permanent carriers than men, and although children are commonly temporary carriers, they rarely become permanent ones. For all ages and both sexes it is usually said that from 4 to 5 per cent. of patients become permanent carriers (Lentz). In a recent article Brückner<sup>12</sup> reports having examined 316 people who had suffered from typhoid fever during the preceding ten years. He found 12 carriers among them (3·8 per cent.), six being men, five women, and one child. In another article published during the current year an infant of eleven months was described as a carrier<sup>13</sup>. The accounts of outbreaks and cases caused by carriers are, as usual, considerable in number. Several of them deal with outbreaks among troops. Tsuzuki<sup>14</sup> reports that during the Russo-Japanese War in 1904-05 there was an epidemic of typhoid fever in the 15th Division of the Japanese army, and that after the war the annual number of cases of the disease remained unusually high. In 1908 a systematic research for the discovery of carriers was instituted and eleven permanent carriers were found. It was said that after the removal of those soldiers there were no more cases during the year. Niepraschk<sup>15</sup> reports the occurrence of a series of "sporadic" cases of enteric fever in an artillery barracks at Wesel, a town of Rhenish Prussia. During the five years from 1904 to 1908 there were 31 cases with six deaths, while among the remaining troops and the civil population the disease was exceedingly rare. It was shown that the cases were not due to contamination of the water-supply or of any other vehicles commonly believed to carry infection, and a systematic examination of attendants in the cook-house and canteen proved that there



was no carrier among them. The evidence collected indicated that the source of infection was someone who had resided for several years in the barracks and this led to the examination of the non commissioned officers. It was quickly found that a sergeant who had suffered from an attack of typhoid fever in 1901 was excreting the bacilli in enormous numbers in his urine and that several of the cases that had occurred were among soldiers who had been employed in cleaning or repairing the boots and accoutrements of this carrier. After he had been isolated no new case occurred. As regards the occurrence of cases due to carriers among the civil population the most interesting accounts in the literature for the year relate to the existence of "typhoid houses" and "typhoid streets." Kayser<sup>16</sup> reports several such examples in his account of the epidemiology of the disease in Strasbourg. Seitz<sup>17</sup> reports 15 cases occurring in two adjoining houses from 1907 to 1909 in a town in Silesia. A systematic examination of the residents led to the discovery of two permanent carriers. Lohmer<sup>18</sup> reports the occurrence of 22 cases in one house in Cologne.

In any discussion on the modes of spread of enteric fever it is important to consider separately the spread of the disease in its epidemic and endemic forms. Such vehicles as water and milk, of which the source of supply is common to a large number of people, play a very important part in the spread of epidemic enteric fever and during the course of sharp outbreaks it is often easy to trace most of the cases to contamination of one or other of those vehicles, but in the endemic form the mode of spread is usually by contact infection from person to person and where the disease prevails in this form (as it does in India) the difficulty of determining the origin of cases is sometimes great. Frosch, Klinger, Fornet<sup>1</sup> and others have pointed out that in the campaign against endemic enteric fever on the south west frontier of Germany it is possible as a rule to ascertain with certainty the source of origin of only about half the cases that occur. All agree, however, that if it were possible to undertake the investigation of every case with the completeness demanded by recent knowledge, it would be found that the unexplained cases are due in nearly every instance to contact with a patient or a chronic carrier. Schumacher<sup>2</sup> carried out a thorough investigation of this nature as regards 45 cases in one of the endemic areas and found that excluding six imported cases, twenty were caused by contact with patients, twelve by contact with chronic carriers and seven by contact with one or other of those classes of persons. During the investigation he discovered five chronic carriers and found that nearly all the cases of which the origin had remained unexplained in the earlier enquiries were due to contact with those persons. He came to the conclusion that chronic carriers are the essential cause of the persistence of endemic enteric fever in an area. Contact infection is important not only in rural districts where water and milk supplies are obtained from a variety of sources, but also for the maintenance of the disease in towns and cities. Kayser<sup>3</sup> in an investigation of the mode of spread of the disease in Strasbourg ascertained the source of origin of 505 cases that had occurred from 1903 to 1907 and found that 11.9 per cent. had been due to contact with patients and that 9.5 per cent. were due to chronic carriers. He found the disease to be disproportionately prevalent among certain classes of people—so much so that it could almost be regarded as an occupational disease. Some of the classes specially liable were cooks, maidservants, milk vendors, bakers, and nurses.



Schönbrod<sup>4</sup> as a result of an enquiry on the modes of spread of enteric fever in Potsdam, placed contact infection as the most important of all the ways, more than half the cases in which the origin was definitely determined being due to it as compared with 25 per cent. due to water and 10 per cent. due to milk; and Solbrig<sup>5</sup> during a similar investigation in Allenstein reported that contact infection was responsible for 39 per cent. of the cases as compared with 18 per cent. due to water and 7 per cent. due to milk. As regards the importance of this mode of spread in rural areas, where the endemic form of the disease predominates, it is sufficient to mention the observation of Fornet<sup>6</sup> that of all the cases in which the origin was clearly proved 75·6 per cent. were due to contact. Lastly, under this heading, it must be mentioned that according to Meinicke and Schumacher<sup>7</sup> it sometimes happens that cases due to contact may be so numerous and may follow one another so closely as to produce an explosive or epidemic outbreak, the curve of which closely resembles that of an epidemic due to infection of a water-supply. They describe in great detail three outbreaks of this nature.

The change of opinion that has occurred during recent years in regard to the importance of water as a medium of infection has been emphasised in several issues of this report, and most of the articles in the literature now under review illustrate the change. Thus Kayser ascribes to infection by water only 14·6 per cent. of the case of enteric fever that occurred in Strasbourg from 1903 to 1907, Solbrig ascribes to that vehicle only 18 per cent. of the cases in Allenstein and Schönbrod ascribes to it 11 per cent. of 2,061 cases which occurred from 1906 to 1908 in Potsdam. It is interesting to note also that the change of opinion has spread to England. At the recent meeting of the British Medical Association, Dr. Houston<sup>8</sup> suggested that in England probably too much importance had been attached to vehicles like water which in the main act as passive transmitters of the disease and that too little attention was being devoted to the attempt to discover the living storehouses of the virus. He noted that in water pathogenic bacteria do not multiply and tend to lose their vitality, and remarked that of 7,829 selected microbes isolated from sewage polluted river water during 1907 and 1908 not one could be identified as the *Bacillus typhosus*. It is perhaps necessary to say that the change of opinion is not entirely due to more accurate knowledge of the mode of spread of enteric fever; it must be ascribed in part to the fact that water-borne epidemics of enteric fever have become very rare in cities and towns provided with modern arrangements for water-supply. In towns where such arrangements are absent water-borne epidemics still occur. A severe outbreak of this nature is described by v. Leliwa<sup>9</sup> in the literature for the year. A town of about 17,000 inhabitants obtained its water-supply from two sources. The water from one of these sources contained much solid matter and was therefore passed through a sand filter before distribution; the water from the other source was unfiltered. In March 1909 the filtered water-supply was temporarily discontinued in order that the filter beds might be enlarged. It was supposed that one of the labourers employed on that work was an enteric bacillus carrier. The filtered water was again distributed on the 16th May, and on the 28th a case of enteric fever occurred. Other cases followed in rapid succession; by the 9th of June twenty cases were known and by the end of a fortnight 300 cases. The total number of cases during the epidemic was 622. The sudden explosive and widespread nature of the epidemic rendered it practically certain that the disease was water-borne. Another water-borne outbreak in a town is described by Brekle<sup>10</sup>.

An interesting milk-borne outbreak among the officers and men of a British regiment at Kilworth in Ireland is described by Captain Dorgan,



R.A.M.C.<sup>11</sup> In all 25 officers and men were attacked between the 24th of May and the 19th of August 1909. The cases were confined to the officers and men connected with two messes, the milk for which was obtained from a farmer who had in his service a dairymaid who was proved to be a chronic bacillus-carrier. The proof that this woman had contaminated the milk supplied by the farmer was complete, and enquiry showed that she might have been the cause of a number of cases of enteric fever that had occurred in the district during the previous five or six years. It was shown for example that between the time of her recovery from enteric fever in 1903 and the end of 1906, nine cases of the disease had occurred among different farmers and their families in whose service she had been. Her discovery was effected by the application of the Widal test to all persons in the farmer's household and to all the mess servants. Her blood agglutinated the typhoid bacillus in a dilution of 1 in 100 and afterwards the bacillus was isolated from her urine on several occasions. Other milk-borne outbreaks were described during the year by Flinn<sup>12</sup> and by Neumann<sup>13</sup>. The third report by Rosenau, Lumsden and Kastle<sup>14</sup>, on the epidemiological investigations of enteric fever in the district of Columbia in America states that in the area investigated personal contact and infected milk were the chief factors in the spread of the disease.

Finally it must be mentioned that the literature for the year contains a number of articles dealing with the rôle of flies, fleas and other insects as carriers of the disease. The epidemiological evidence in favour of and against the view that flies are an important agent in spreading enteric fever is conflicting, and in cases where observers have reported the finding of typhoid bacilli on the legs and in the intestines of those and other insects, the bacteriological proof appears inconclusive. For the present therefore it is sufficient to refer the reader to the original articles, a list of which will be found at the end of this Section<sup>15</sup>.

13. Among European troops in India there were five cases of plague with one death during 1909 as compared with two in 1908, eight in 1907, and seventeen in 1906.

Four of the cases occurred at Mhow and one at Bangalore. The cases at Mhow occurred towards the end of an epidemic in the suddar bazaar when (according to report) the bazaar rats migrated into the cantonment and surrounding country. Measles caused 22 admissions to hospital and erysipelas 19, three cases of the latter disease being fatal. Only eight cases of beri-beri were recorded, all at Aden. Dengue, as usual, was reported almost entirely from Burma and Madras. Of the 221 cases 117 occurred at Rangoon. Rheumatic fever was responsible for 420 admissions to hospital and seven soldiers were invalided for this disease.

14. The total number of cases of tubercle of the lungs treated during the year was 81 and the deaths were nine, the corresponding figures in 1908 having been

TUBERCLE OF LUNGS.					
			Admissions.	Deaths.	Invalidings.
Mean of the years 1900 to					
1904	...	...	212	28	116
1905	...	...	148	20	116
1906	...	...	114	12	93
1907	...	...	114	14	107
1908	...	...	93	16	73
1909	...	...	81	9	66

93 and sixteen. The table in the margin shows the decrease that has occurred in the recorded figures for this disease during recent years. The cause of the decrease is not clear.



15. The admission and death rates from pneumonia in 1909 were 2·9 and ·31 per thousand respectively as compared with 3·9 and ·39 in 1908, the total numbers of admissions and deaths in each year being 209 and 22 in 1909 and 269 and 27 in 1908. The disease was considerably more prevalent in the Northern than in the Southern Army and comparing its relative incidence with that in 1908 it was less prevalent in eight of the geographical groups and more so in four. Excluding stations where the average strength was below 200, Lahore, Nowgong, Naini Tal, Peshawar, Barrackpore and Jullundur were the stations with the highest admission rates during 1909.

16. The heading respiratory diseases excludes pneumonia, which since 1908 has been classed, in accordance with the new edition of the Nomenclature of Diseases, as an infective disease. There was a decrease in the admission rate from 17·4 per thousand in 1908 to 12·8 in 1909, but the number of deaths rose from six to seven. The stations classed as hill convalescent depôts and sanitarium were those in which the diseases were most frequent. Of the seven deaths under the heading three were due to broncho-pneumonia.

17. The admission and death rates from dysentery fell from 14·4 and ·42 per thousand in 1908 to 11·2 and ·25 in 1909. The death rate was twice as high in the Northern as in the Southern Army. The disease was most prevalent among troops in the 6th (Poona), 8th (Lucknow), and 9th (Secunderabad) Divisions and, as usual, among geographical groups the highest admission rate was recorded in the Southern India group (XI). For the European army as a whole the month of greatest prevalence was August and that of least prevalence, March.

There were 898 admissions with one death on account of diarrhoea as compared with 801 admissions and 18 deaths on account of dysentery. The admission rates were highest amongst troops in the Bengal and Orissa and Southern India geographical groups, and among the larger stations Dum-Dum, Delhi, and Aden were those at which the disease was most prevalent.

18. The marginal statement shows the total admissions to hospital and deaths from hepatic abscess in each of the last four years. The decrease is the more

remarkable as the prevalence of dysentery, which is a very common antecedent of abscess of the liver in India, remains about the same as it was a number of years ago. It is coincident, however, with a remarkable and steady decline in the number of admissions to hospital from alcoholism. In 1909 there were only 65 admissions from that cause as compared with 71 in 1908, 94 in 1907, 170 in 1906, 197 in 1905, and an annual mean of 231 for the years from 1900 to 1904.

			Abscess of liver.	
			Admissions.	Deaths.
1906	...	...	183	107
1907	...	...	165	70
1908	...	...	115	55
1909	...	...	100	34

19. The recorded admission rate for all venereal diseases in 1909 was 67·8 per thousand as compared with 69·6 per thousand in 1908 and there was only one death as compared with three deaths in that year. The constantly sick rate was



8·5 per thousand as compared with 8·8. Only 34 men had to be invalided for this cause as compared with 74 in 1908.

The causes to which the rapid and steady fall in the rates relating to these diseases are usually, and with good reason, attributed, have been referred to at length in previous issues of this report. In this issue attention has been specially directed to the more general application of the principles of personal hygiene and to the decreased indulgence in alcohol as factors of great importance in the reduction of a number of diseases. Venereal disease stands out as being pre-eminently a disease that has been very greatly influenced by these factors, for it is well known that in its prevention such measures as can be carried out by the State are effective only in proportion as the individuals comprising the community which it is desired to protect are themselves anxious and willing to avoid infection.

Venereal diseases are always less prevalent among troops serving in the north of India than among those serving in the south. In 1909, this difference of incidence was less marked than usual for the admission rate among troops of the Northern army was slightly higher than in 1908 (namely, 62·2 as compared with 58·3), and among troops of the Southern army it was a good deal lower (76·3 as compared with 84·1). As regards Divisions the admission rates were, as usual, highest among troops in the Burma and Secunderabad Divisions. Excluding stations at which the average strength was below 100, the highest admission rates were recorded as regards the Northern army at Fort William, Fyzabad and Ranikhet, and as regards the Southern army at Meiktila, Rangoon and Bellary.

The admission rate on account of gonorrhœa was 37·7 per thousand and that on account of soft chancre 13·9 as compared with rates of 37·8 and 16·1 respectively in 1908. Eight men as compared with 15 in the previous year were invalided for gonorrhœa during 1909.

It is mentioned by the medical officer at Ambala that quite a number of the cases of syphilis (and those of a severe type) were contracted prior to arrival in India.

20. The total number of deaths recorded as a result of heat stroke during 1909 was 15 as compared with 37 in the previous year and 26 in 1907. The stations at which most deaths from this cause occurred were Nowshera (3) Lahore Cantonment, Multan, Agra, and Aden (2 in each).

Heat stroke. Appendix A to Section II.  
Tables III, IV and LIII.

21. The mean annual number of suicides reported in the decade 1897 to 1906 was 20, and in 1909 the number was 21, of which seven were by gunshot, five by hanging, four by cut-throat, three by drowning and two by poison.

Suicide. Table LIII.

22. From the European army of India 649 men were invalided in 1909 (9·07 per thousand of strength) as compared with 1,078 (15·64 per thousand) in the previous year. In the Northern army the rate was 9·97 per thousand and in the Southern army it was 8·59 per thousand.

Invaliding. Appendix A. Table LIII.

The practice of sending men, who a few years ago would have been invalided to England, to one of the hill stations in India has been one of the chief factors in reducing the invaliding rate among European troops. The principal diseases for which invaliding was necessary in 1909 have already been mentioned in the first paragraph of this Section. Of the total number of men invalided, 84 per cent.



were under 30 years of age and 74 per cent had been less than five years in India.

23. The average strength of commissioned officers with European troops in India during 1909 was 2,296 and among them there were 1,466 admissions to hospital, 41 were invalided, and 22 died during the year. The admission, constantly sick, death, and invaliding rates were all lower than in 1908, the invaliding rate falling from 42·05 per thousand to 17·86.

The admission rate from enteric fever among the commissioned officers (13·9 per thousand) was the lowest since 1883 and the death rate (·44 per thousand) was the lowest on record. The admission and death rates are represented in actual numbers by 32 and one respectively. Of the 32 officers who suffered from the disease it is known that ten had been inoculated and 16 had not. In the annual reports particulars on this point were not mentioned as regards the remaining eight patients. The 32 cases were spread over no fewer than 20 stations. The officers suffered much less than the rest of the army from malaria. No case of plague occurred, but there were two non-fatal cases of small-pox and one fatal case of cholera. It will be noticed that in Table XVIII a death of an officer from sleeping sickness is shown. The officer, who was a member of the Royal Army Medical Corps, contracted the disease in East Africa where he had been employed in investigation. He died at Aden on his way to England.

Enteric fever, dysentery, debility, appendicitis, and abscess of the liver were the chief causes of invaliding.

24. The average strength of the women during 1909 was 3,913, an increase of 217 on that of the previous year. The statistics of health were unusually favourable, the rates of admission to hospital and of death being 596·7 and 7·67 per thousand respectively as compared with 719·7 and 13·53 in 1908. The constantly sick rate was 24·3 as compared with 30·5. The chief causes of admission to hospital were anæmia and debility, diseases peculiar to women, and malaria, which together accounted for 58·59 per cent of the total number of admissions from all causes.

A comparison of the admission and death rates from enteric fever among the women and men of the European army has already been made in a preceding paragraph. The 40 cases among the women were distributed over 16 stations. There were 12 in Murree, six in Lucknow, four in Ambala and three in Quetta. The outbreak at Murree (in which two officers and fourteen children were also attacked) has already been referred to. There were eight cases of small-pox with one death during the year. It appears from the annual reports that none of those attacked had been revaccinated. Of the total number of deaths (30) seven were due to puerperal affections and abortion, six to enteric fever, three to malaria and three to tubercle of the lungs.

25. The admission, constantly sick, and death rates among the children were all much lower than in 1908. The strength was 6,201, the admission rate 384·8 per thousand, the constantly sick rate 14·3 and the death rate 27·41. The chief causes of sickness were respiratory diseases, malaria and diarrhoea which together accounted for 37

Officers. Appendix D to Section ii. Table XVIII.

Women. Appendix E to Section ii. Tables XIX, XXI and LIII.

Children. Appendix F to Section ii. Tables XXII, XXIV, XXV, and LIII.

per cent of the total admissions. Of the 170 deaths 26 were attributed to diarrhœa, 23 to enteritis, 22 to anæmia, debility and immaturity at birth, 20 to respiratory diseases, 13 to convulsions and 7 to dysentery. There were 36 admissions to hospital with no death from enteric fever, and 282 admissions with four deaths from malaria. Among the exanthemata to which children are liable there came under treatment during the year 156 cases of measles, 54 of chicken-pox, 6 of small-pox and 2 of scarlet fever. There were also 21 cases of whooping-cough, 20 of mumps and 7 of diphtheria.

The strength at different age periods, the death rates per mille and the relative liability to death at each of these periods are shown in Table XXV. Immaturity at birth was the cause of 16 per cent of the total number of deaths among children under six months of age.

#### PAPERS AND BOOKS REFERRED TO IN SECTION II.

##### *Abbreviations used below.*

A. H.	= Archiv für Hygiene.
A. K. G. A.	= Arbeiten aus dem kaiserlichen Gesundheitsamte.
A. P.	= Annales de l'institut Pasteur.
A. S. T. H.	= Archiv für Schiffs und Tropenhygiene.
B. I. P.	= Bulletin de l'institut Pasteur.
B. J. H. H.	= Bulletin of the Johns Hopkins Hospital.
B. K. W.	= Berliner Klinische Wochenschrift.
B. M. J.	= British Medical Journal.
B. O. I. H. P.	= Bulletin de l'office international d'hygiène publique.
C. B.	= Centralblatt für Bakteriologie.
D. M. W.	= Deutsche Medizinische Wochenschrift.
H. R.	= Hygienische Rundschau.
I. M. G.	= Indian Medical Gazette.
J. A. M. A.	= Journal of the American Medical Association.
J. H.	= Journal of Hygiene.
J. I. D.	= Journal of Infectious Diseases.
J. R. A. M. C.	= Journal of the Royal Army Medical Corps.
K. J.	= Klinisches Jahrbuch.
L.	= Lancet.
L. G. B.	= Report of Medical Officer, Local Government Board.
M. M. W.	= Münchener Medizinische Wochenschrift.
N.	= Nature.
P. J. S.	= Phillipine Journal of Science.
S. C. I.	= Annual Report of the Sanitary Commissioner with the Government of India.
W. P. J.	= Jahresbericht of Waldeyer and Posner.
Z. H.	= Zeitschrift für Hygiene.

ENTERIC FEVER. *The bacilli.*—<sup>1</sup>See for example Savage in L. G. B. for 1908-09, page 316; <sup>2</sup>Harvey in J. R. A. M. C., April 1910, page 401; <sup>3</sup>Baermann and Eckersdorff in B. K. W., 1909, No. 40, referenced in C. B. *Referate*, 18th April 1910, page 234; <sup>4</sup>Schöne in Z. H. Vol. 65, 1910, heft 1; <sup>5</sup>Marotte referenced in



B. I. P. 1909, page 971; <sup>6</sup>Fischer in K. J. Vol. XXII, 1909, page 311; <sup>7</sup>Kuster and <sup>8</sup>Uhlenhuth and Hübener, see *Originalbericht über die 3 Tagung der Freien Vereinigung für Mikrobiologie in Wien* in C. B. *Referate*, Bd. XLIV, *Beiheft.*, pages 145 to 149; <sup>9</sup>Hübener referenced in C. B. *Referate*, 18th April 1910, page 237; <sup>10</sup>Uhlenhuth, see the report of the conference referenced above, page 147; <sup>11</sup>See K. J. Vol. 21, 1909, *heft* 2; <sup>12</sup>Heuser quoted by Lentz at the conference referenced above; <sup>13</sup>Conradi in K. J. Vol. 21, 1909, *heft* 2; <sup>14</sup>Uhlenhuth as above; <sup>15</sup>Schern in A. K. G. A. Vol. 33, 1910, page 387.

*Bacteriological methods of diagnosis.*—<sup>1</sup>Gildemeister in A. K. G. A. Vol. 33, page 619; <sup>2</sup>Cummins in J. R. A. M. C. June 1910, page 611; <sup>3</sup>See Stokes in J. I. D. May 1910, page 457, Kirstein in D. M. W. 23rd December 1909, page 2270, and Sachs-Mücke in K. J. XXI, page 232; <sup>4</sup>Hecker and Otto referenced in B. O. I. H. P., Vol. I, 1909, page 1306, Dennemark in C. B. *Originale*, Vol. 54, 1910, page 374, Dorgan in J. R. A. M. C. April 1910, page 396; <sup>5</sup>Coleman referenced in C. B. *Referate*, Vol. 47, 1910, page 15; <sup>6</sup>Gaetgens and Brückner in C. B. *Originale*, 19th February 1910, page 559; <sup>7</sup>Müller in A. K. G. A. XXXIII, *heft* 3, page 443, Kathe and Blasius in C. B. *Originale*, 15th December 1909, page 586, Megele in the same page 616, Werbitzki in A. H. Volume XIX, pages 71 and 191; also see W. P. J. for 1909, Volume I, part III, page 602, and C. B. *Referate* Volume 47, 1910, pages 40 to 45.

*Bacillus carriers.* <sup>1</sup>Sacquépée in B. I. P. 1910, No. 1, page 1, and No. 2 page 49; <sup>2</sup>Prigge in K. J. Volume 22, 1910, page 245; <sup>3</sup>Scheller referenced in H. R. XX, 1910, page 307; <sup>4</sup>Prigge as above; <sup>5</sup>Lemke referenced in C. B. *Referate*, 1909, page 233; <sup>6</sup>Translated in B. O. I. H. P. Volume 2, 1910, page 237; <sup>7</sup>Hilgermann in K. J. Volume 22, 1910, page 291; <sup>8</sup>Niepraschk in Z. H. Volume 64, 1909, page 454; <sup>9</sup>Davies and Hall in L., September 3rd, 1910, page 723; <sup>10</sup>Sacquépée and Bellot referenced in L., March 5th, 1910, page 661; <sup>11</sup>See Tsuzuki in A. S. T. H., 1910, *heft* 5; <sup>12</sup>Brückner in A. K. G. A., Volume XXXIII, page 435; <sup>13</sup>Oberdorfer in L., January 29th 1910, page 300; <sup>14</sup>Tsuzuki as above; <sup>15</sup>Niepraschk as above; <sup>16</sup>Kayser in M. M. W. 1909, page 1066, referenced in H. R. XX, 1910, page 305; <sup>17</sup>Seitz in K. J., Volume 22, 1910, page 251; <sup>18</sup>Lohmer referenced in C. B. *Referate*, Volume 47, 1910, page 3.

*Modes of spread.* <sup>1</sup>See Z. H. Volume 64, 1909, page 365, also C. B. *Referate*, Volume XLIV, *Beiheft*, pages 146 and 149; <sup>2</sup>Schumacher in K. J., Volume 22, 1910, page 263; <sup>3</sup>Kayser as above; <sup>4</sup>Schönbrod in K. J., Volume 22 1910, page 301; <sup>5</sup>Solbrig in K. J., Volume 21, 1909, *heft* 2; <sup>6</sup>Fornet in Z. H. Volume 64, page 365; <sup>7</sup>Meinicke and Schumacher in K. J. Volume 21, 1909, referenced in C. B. *Referate*, Volume 46, 1910, page 227; <sup>8</sup>Houston reported in L., August 6th, 1910, page 390; <sup>9</sup>Leliwa in D. M. W. 1909, page 1396; <sup>10</sup>Brekle referenced in C. B. *Referate*, Volume 47, 1910, page 5; <sup>11</sup>Dorgan in J. R. A. M. C. April 1910, page 396; <sup>12</sup>Flinn referenced in C. B. *Referate*, Volume 46, 1910, page 230; <sup>13</sup>Neumann in K. J., Volume 21, 1909, *heft* 2; <sup>14</sup>Rosenau reported in J. A. M. A. January 29th, 1910, page 388; <sup>15</sup>Bertarelli in C. B. *Originale* Volume 53, *heft* 5, page 486; Dutton in J. A. M. A., October 16th 1909, page 1248; Nuttall and Jepson in L. G. B. 1909, translated in B. O. I. H. P. March 1910, page 393; Purdy referenced in C. B. *Referate*, 15th July 1910, page 12; Ainsworth in J. R. A. M. C., Volume XIII, 1909; see also J. A. M. A., October 16th 1909, page 1264, and January 29th, 1910, page 389.





## SECTION III.

### NATIVE ARMY OF INDIA.

26. The average strength of the Native troops, including those on duty in China and other stations outside India, was 131,627 as compared with 126,975 in 1908. From the statement in the margin it will be seen that their statistics of health were very favourable; indeed all the rates shown in the table were considerably lower than in any year of which there is a record. The rates of mortality noted in the statement do not include the deaths among men on sick leave or furlough at their homes; if those were included the death rate for 1909 would be 6·42 per thousand instead of 5·62. The recorded statistics were, as usual, somewhat more favourable than those of European troops, but except perhaps as regards the death rate it is doubtful if comparison is justifiable; the much lower admission and constantly sick rates among Native troops, for example, are certainly due in part to the greater use of the out-patient system of treatment among those troops as well as to the practice of granting furlough to a large proportion of the Native army during some months of the year and to the practice of sending men suffering from chronic diseases on sick leave to their homes.

Native troops.	ALL CAUSES. RATIOS PER MILLE.		
	1903-07.	1908.	1909.
Admissions	634·5	674·4	584·2
Constantly sick.	23·5	22·8	20·8
Deaths ...	7·96	7·41	5·62
Invalids ...	8·95	6·63	5·74

The lower rate of admission to hospital as compared with 1908 was due almost entirely to a diminished prevalence of malaria, but among the more important diseases the admission rates from dysentery, diarrhœa, cholera and pneumonia were also considerably lower than in that year. On the other hand pyrexia of uncertain origin, respiratory diseases and venereal diseases were more prevalent. The diminished death rate was due chiefly to fewer deaths from cholera, pneumonia and malaria. Plague caused eight deaths as compared with fourteen in 1908 and malaria only 37 as compared with 74.

The chief causes of sickness were malaria, dysentery, pyrexia of uncertain origin, and respiratory diseases, in order of their relative prevalence. Malaria accounted for 31 per cent. and dysentery for 5 per cent. of the total number of admissions from all causes. The principal causes of death were pneumonia, enteric fever and tubercle of the lungs, these diseases accounting respectively for 33·5 per cent., 7·7 per cent., and 6·9 per cent. of the total number of deaths from all causes.

The number of men invalided for discharge from the service was 756 as compared with 842 in 1908, the chief causes of this source of loss being tubercle of the lungs, debility, malaria, and injuries.

If Table XXVI be compared with Table I it will be seen that according to the statistics the Native troops suffered less than the European troops from venereal diseases, pyrexia of uncertain origin, malaria, hepatic affections, enteric fever, influenza and diarrhœa but that they suffered more from nearly all the other causes of sickness tabulated. As regards some of the diseases mentioned the recorded contrast in prevalence is due chiefly to different methods and ideas concerning diagnosis. An analysis of the statistics and case sheets indicates, for example, that many cases diagnosed as dysentery in the Native army would, if



they occurred in the European army, be diagnosed as diarrhœa, and that many cases diagnosed as malaria in the Native army would, if they occurred in the European army, be diagnosed as pyrexia of uncertain origin. During recent years the great efforts that have been made in the European army to reduce the prevalence of diseases classified as preventable have been coincident with increased watchfulness that no case shall be returned under the headings of those diseases unless the indications afforded by the signs and symptoms cannot be doubted.

The statistics of Native troops located in stations outside India will be found in Tables XXVIII and XXIX, and the following remarks contain some details not given in those Tables. The average strength of the troops serving in Northern and Southern China was 2,361, the rate of admission to hospital was 485·8 per thousand and the death rate was only 2·96 per thousand. The low death rate is probably due chiefly to the fact that patients suffering from serious diseases, such as tuberculosis, are transferred as soon as possible to India. Only one regiment (the 76th Punjabis) was in North China during the year, six companies being stationed at Tientsin and one at Ching-Wan-Tao. Sixteen cases of tuberculosis occurred in the regiment. The disease is very common among the Chinese of the district and the Medical officer considered that among the troops its spread was partly due to overcrowding and defective ventilation in the barracks. There were two regiments in South China (Hong Kong and Kowloon) during the year. Respiratory diseases were the chief cause of admission to hospital. The average strength of the troops in Colombo and Singapore was 1,458, the admission rate was 603 per thousand and the death rate 2·06. The transfer of serious cases to India was the cause of the low death rate. In the stations of the Aden Brigade (Aden, Khormaksar, and Perim) the average strength was 823, the admission rate was 840 per thousand and the death rate 6·08; and the corresponding figures for troops in stations on the Persian Gulf were 276, 623 and 14·49.

27. From Appendix A to this section it will be found that the sickness and mortality among the Native troops of the Northern and Southern Armies. Divisions. Appendix A. Table XXVI. Army were much greater than among those of the Southern Army; the admission rate per thousand being higher by 121·6 and the death rate by 1·45. The higher admission rate in the Northern Army was due entirely to the prevalence of malaria and the higher death rate was due chiefly to the mortality from pneumonia and enteric fever. The relative incidence of different diseases in the Native and European troops of the two armies corresponded except in regard to respiratory diseases, pyrexia of uncertain origin, dysentery, diarrhœa, tubercle of the lungs and hepatic affections. As regards the Divisions, the statistics of troops in the 1st (Peshawar) Division were the least favourable during 1909, the 4th (Quetta) Division standing next in the list and the 7th (Meerut) Division third.

28. For the year under review the geographical areas numbered VII (North-West Frontier) and X (Western coast) must be considered to have been for Native troops more unhealthy than the other areas. Malaria and dysentery were especially prevalent in the first of these groups and malaria, dysentery and respiratory diseases in the second. The highest death rates were recorded in groups XII and VI (Hill Stations and the Upper Sub-Himalaya group), pneumonia being the disease to which the mortality was chiefly due.



29. In 1909 there were 41 stations in which the average strength of Stations. Tables XXVIII to XXX. Native troops was over one thousand. The Regiments.

rates of admission to hospital were very high in five, namely Edwardesabad, Dera Ismail Khan, Nowshera, Jubbulpore and Peshawar, and the death rates were high in Ferozepore, Delhi, Quetta, Peshawar and Bakloh. In Edwardesabad the admission rate was 1,562 per thousand, in Dera Ismail Khan it was 1,479, in Nowshera 1,029, in Jubbulpore 1,011 and in Peshawar 926. In all these stations malaria was the chief cause of the high rate. The highest death rate in any of the larger stations during the year was 14.48 per thousand recorded at Ferozepore the chief cause of the mortality being pneumonia. Abstracts of the cantonment sanitary reports upon 19 of the most unhealthy stations will be found in Table XXX, so it is unnecessary to refer to them in detail here. Among regiments with a record of much sickness and mortality during the year were the 35th Sikhs at Jhelum, the 46th Punjabis at Ferozepore, the 4th Rajputs at Fort Sandeman, the 1-7th Gurkhas at Quetta and the 20th Infantry at Jhelum. The admission rates in these regiments ranged between 293 and 809 per thousand, and the death rates between 13.53 and 29.01. They will be referred to again in the paragraphs dealing with different diseases.

30. In the Native army, as in the European, cholera was much less prevalent than in 1908, only 26 cases with 18 deaths being Cholera. Appendices A and B. Tables XXVI to XXIX and XXXII. reported as compared with 174 and 116 in that year; and only ten regiments located in nine stations being affected as compared with fifty regiments located in 29 stations. At Almora there were seven cases with four deaths, at Trichinopoly six cases with two deaths and at Belgaum four cases with four deaths. The regiments chiefly affected were the 2-10th Gurkhas, the 75th Carnatic Infantry and the 64th Pioneers. From the annual reports it appears that cholera was unusually prevalent among the general population in the stations where it occurred among the troops, but except this no observation worthy of record was reported by the medical officers of the different regiments. The Sanitary Officer of the Poona Division investigated the outbreak at Belgaum, but the vehicle of infection was not discovered. The cases in the Native regiments at this station occurred on nearly the same dates as the cases in the European regiment.

31. There were only 43 admissions to hospital on account of small-pox during Small-pox. Appendices A and B. Tables XXVI to XXIX. 1909 as compared with 103 during 1908, but the number of deaths was eight as compared with three. The cases occurred in 26 regiments located in 20 stations of which Mhow, Kohat, Abbottabad and Kirkee were the only ones at which there were more than two cases. Two of the seven patients at Mhow had had an attack of the disease previously and two had only just joined the regiment and had not been vaccinated.

32. The practice of treating Native soldiers suffering from malaria as out-patients prevails to so great an extent and varies Malaria. Appendices A, B and C. Tables XXVI to XXIX and XXXIV to XXXVI. so much in different years and under the arrangements of different medical officers that the statistics of admissions to hospital on account of the disease are of little or no value as an indication of its true prevalence. There is evidence also that in recent years the adoption of special anti-malarial measures in some cantonments has been followed by a greatly increased use of the out-patient system of treatment, so that in the absence of accurate



knowledge regarding the local conditions and practice, comparison with the statistics of former years is not, as a rule, justifiable. The removal of the heading remittent malarial fever from the returns since 1907 has also added to the difficulty of showing what progress is being made in mitigating malaria among Native troops. The rate of admission to hospital on account of malaria in 1909 was 180 per thousand, which represents 23,668 cases and the rate of mortality was .28 per thousand which represents 37 deaths. In the five years previous to the removal of the heading remittent malarial fever from the returns the mean number of deaths per annum was 123. The months of greatest prevalence of malaria were, as usual, October and November, and the statistics corresponded with those of European troops in so far as there was an unusually large number of admissions during the first few months of the year, thus indicating the prevalence of relapses following upon the severe epidemic that occurred in the autumn of 1908. The statistics showing the relative prevalence of the disease in stations present peculiarities that in some instances are difficult to explain except on the supposition that they were due to one or other of the artificial causes mentioned above. In stations where the average strength was over 150 those with the highest admission rates for the year were Jandola (1,472 per thousand), Dera Ismail Khan (722), Edwardesabad (714), Chakdara (680), Kohima (658), Dibrugarh (536) and Jacobabad (527). In fourteen other stations the admission rate was over 300 per thousand of strength. In Agra the rate rose from 152 per thousand in 1908 to 444 in 1909, in Lucknow from 153 to 322 and in Bannu from 472 to 714. Some considerable falls in the rates were from 430 to 127 in Amritsar, from 702 to 208 in Baroda, from 366 to 46 in Barrackpore, from 331 to 83 in Dinapore and from 438 to 87 in Ferozepore. A non-fatal case of blackwater fever was recorded in the 19th Punjabis at Zam, but particulars regarding it are not available. In regard to measures of prevention nothing of unusual interest was reported by the medical officers of the different regiments.

33. The heading pyrexia of uncertain origin in the statistics of Native troops includes a wider range of diseases than in those of European troops, and some of the diseases are of a much more serious type. In 1909 there were recorded under the heading 2,925 admissions to hospital and 17 deaths as compared with 2,056 admissions and eleven deaths in 1908. For the army as a whole the incidence of the admissions corresponded with that of malaria and as the negative result of an examination for malaria parasites was the only reason assigned by many medical officers for the return of cases under the heading it is probable that undiagnosed cases of that disease dominated the statistics. On the other hand, the recent differentiation of a disease which in the returns for future years will be designated "sandfly fever" led some medical officers to consider that disease as the chief cause of admissions under the heading, and other medical officers maintained that in their stations the chief disease was distinct from sandfly fever, malaria, influenza, dengue or any other disease hitherto described. The medical officer at Nowshera argued in favour of this view. During October and November he admitted to hospital 163 patients suffering from an acute infectious disease characterized by an attack of fever lasting from three to six days and accompanied usually by vomiting, severe headache, and much pain in the back and limbs. The temperature usually fell gradually, but in many cases on the fifth or sixth day there was a second rise lasting a few hours.

Pyrexia of uncertain origin.  
Appendix B, Tables XXVI to XXIX and XXXIV.



In a few cases (about 8 per cent.) a rash appeared towards the end of the attack. He brought forward reasons for considering that the epidemic was not one of influenza or dengue or sandfly fever. In Nowshera sandflies are most prevalent in the early part of the hot season and, although a few could be found during the first half of October, all had disappeared before the end of that month. The epidemic continued until the end of November. Finally, it is apparent from the mortality recorded as due to pyrexia of uncertain origin, that the heading is used for cases of a more serious nature than any of those that are returned under the heading in the records relating to European troops. An examination of the case sheets in which the signs and symptoms of the 17 patients who died were recorded, shows that while a few were cases of short duration with very high fever and early cerebral complications, the majority were cases characterized by long continued irregular fever and an absence of signs or symptoms indicative of any local or general disease commonly known. It is possible, of course, that some of the cases may have been enteric fever and some may have been chronic malaria, but in a number of them every known diagnostic method was tried without a definite conclusion being arrived at. It is particularly unfortunate that in Native regiments permission to perform a *post mortem* examination is almost never obtained.

34. There were eleven cases diagnosed as kala-azar during the year as compared with 9 in 1908. They occurred in the following regiments and stations: five in the 2-2nd Gurkha Rifles and one in the 1-2nd Gurkhas at Dehra Dun, three in the 2-6th Gurkhas and one in the 2-5th Gurkhas at Abbottabad and one in the 124th Baluchistan Infantry at Quetta. Four of the cases were fatal during the year and in three of them the Leishman Donovan parasites were found in smears of splenic tissue made after death.

Kala-azar. Table LIII.

35. Nine cases of relapsing fever occurred in the 123rd Rifles at Ahmednagar. It is said that the first patient contracted the disease while on furlough in the Punjab and that the remaining cases occurred among sick attendants or patients in hospital during his illness. The spirillum of the disease was found in the blood of eight of the patients. No case of typhus fever occurred during the year.

Relapsing fever. Typhus fever. Table LIII.

36. The removal of the heading remittent fever from the 1906 edition of the Enteric fever. Appendices A, B and D. Tables XXVI to XXIX and XXXIII. Nomenclature of Diseases and from the annual returns since 1907 has made a considerable difference in the statistics of enteric fever among Native troops. From the

ENTERIC FEVER. NATIVE TROOPS.			
Years.		Total admissions.	Total deaths.
1905	...	130	35
1906	...	127	34
1907	...	182	44
1908	...	350	73
1909	...	284	57

table in the margin it will be seen that in 1908, which was the first year without remittent fever as one of the headings in the returns, the admissions from enteric fever rose to 350 and the deaths to 73. In 1909 both figures were considerably smaller, but it has been noted already that an unusual number of cases of severe fever were in that year recorded under the heading pyrexia of uncertain origin. The cases diagnosed as enteric fever during 1909 occurred among 106 regiments in 62 stations. Omitting the regiments in which no case occurred there were 46 in which only one case occurred, 24 in which two cases



occurred, 14 in which three cases occurred and seven in which four cases occurred. Of the remaining 15 regiments those with the largest number of cases were the 94th Russell's Infantry at Baroda in which there were 17, the 1-2nd Gurkha Rifles at Drosh and Dehra Dun in which there were 13, the 2-2nd and 1-8th Gurkha Rifles at Dehra Dun and Shillong respectively, in each of which there were eleven, the 14th Sikhs at Quetta, in which there were ten, the 1-9th Gurkha Rifles at Dehra Dun, in which there were eight, and the 51st Sikhs at Bannu, in which there were seven. The reports by medical officers do not contain much information about the characters of the disease or the probable sources of infection. In most regiments the cases occurred at irregular intervals and were as a rule attributed to casual infection from sources outside the lines. In the 94th Russell's Infantry one or more cases occurred in every month except January, February and October. An attempt was made by the Sanitary Officer of the Mhow Division to ascertain the vehicle of infection. His report states that "after excluding water, milk, and personal infection, it was decided that flies were the most likely cause, and when an examination of some caught in the lines was made in December, *B. typhosus* was found inside them." The outbreak of eight cases in the 14th Sikhs at Quetta was investigated by the Sanitary Officer of that Division. Suspicion fell upon the company cooks and samples of the urine and fæces of those men were examined. An organism which was said to resemble the bacillus typhosus (but which was afterwards proved not to be that bacillus) was isolated from the fæces of one of the cooks and it is said that the outbreak ceased when he had been segregated.

The case-sheets relating to the 57 patients who were said to have died from enteric fever have been examined. They show that in the majority of cases the signs and symptoms and the result of a Widal test supported the diagnosis, but that there was a considerable number in which no adequate reason for the diagnosis was apparent. A *post-mortem* examination was performed in only one of the 57 cases; in that instance the findings confirmed the correctness of the diagnosis.

37. From the statement in the margin it will be seen that after a considerable increase in the number of cases of Malta fever among Native troops there has been a fall to thirteen cases in 1909. Of these, seven occurred in Dera Ismail Khan, four in Sialkot, one in Kila Drosh and one in Quetta. The largest number of cases in any regiment was six in the 19th Punjabis at Dera Ismail Khan. It was supposed that the patients had contracted the disease while on leave at their homes. The *Micrococcus melitensis* was cultivated from the blood of two patients.

Malta fever. Tables XXVI to XXIX.

MALTA FEVER. NATIVE TROOPS.		
Years.	Total admissions.	Total deaths.
1902	4	...
1903	8	...
1904	5	1
1905	43	1
1906	38	1
1907	62	2
1908	23	...
1909	13	2

38. Among the general population of India there was an increase of plague in 1909, but the number of cases among Native troops fell from 36 in 1908 to sixteen and the number of deaths from fourteen to eight. Of the cases in 1909 four with two deaths occurred at Ferozepore, the 6th Cavalry and 18th Infantry being the regiments affected. The remaining cases occurred in eight different regiments located in nine stations.

Plague. Tables XXIV to XXIX.



39. The total number of admissions to hospital on account of scurvy during 1909 was 182 which gives a ratio of 1·4 per thousand as compared with a ratio of 1·5 per thousand in the previous year. Nearly 60 per cent. of the admissions were recorded among troops of the Southern Army. The largest number of cases was among a detachment of the 121st Pioneers at Robat (Quetta Division) where neither milk nor fresh vegetables could be obtained. The medical officer reported that fresh vegetables were sent from Quetta but that the supply was insufficient and that most of the men who had been on duty at Robat suffered from spongy gums and other signs of slight scurvy. Sixteen cases occurred in the 113th Infantry at Aden and 15 cases in the 120th Rajputana Infantry. The medical officer of the 120th Rajputana Infantry noted that cases of scurvy in the regiment were generally coincident with cases of pneumonia and he considered that the oral sepsis accompanying scurvy may be an important predisposing factor in the causation of pneumonia.

40. The admission rate on account of tubercle of the lungs fell from 3·0 per thousand in 1908 to 2·3 and the death rate from '42 to '39 the total number of admissions and deaths being 378 and 53 in 1908 and 308 and 51 in 1909. Among Gurkhas there were 63 cases and 21 deaths as compared with 77 cases and 22 deaths in the previous year the admission and death rates among this class of the Native troops being 4·0 and 1·33 per thousand respectively as compared with 2·1 and '26 for the rest of the Native army. The recorded death rates are, of course, influenced by invaliding and by granting sick leave or furlough, and the extent to which these measures are resorted to varies in different regiments and years. The largest number of admissions to hospital in any regiment during the year was twelve in the 1-7th Gurkha Rifles at Quetta. The medical officer reported that the buildings occupied by the regiment are good but are too crowded. In the Corps of Guides at Mardan there were nine cases. Two of the patients died in hospital and two while on sick leave at their homes. Four were invalided from the service. The next largest number in any regiment was seven in the 21st Punjabis at Jhelum and in the 27th Punjabis at Multan. In both regiments it was considered that all the cases had been contracted while the patients were on leave at their homes.

41. The admission rate on account of pneumonia was 11·8 per thousand and the death rate 1·88 as compared with rates of 12·8 and 2·20 per thousand respectively in 1908. The disease was less prevalent than in the previous year in seven of the twelve geographical groups and the highest admission rates for the year were recorded in the North-West Frontier group (19·1 per thousand) and the Upper Sub-Himalaya group (16·5). The months of greatest prevalence were, as usual, January, February, March, November and December. Among stations where the average strength was over 100 the highest admission rates were recorded in Kohima (4,500 feet above sea-level) and Dargai (about 4,000 feet). From Appendix C, it will be seen that it is the rule for pneumonia to be more prevalent and fatal in the hill stations between 3,000 and 5,000 feet above sea-level than in the hill stations above the latter height. The great majority of the hill stations below 5,000 feet in height are situated on the North-Western and Western Frontiers of the country.



## WITH THE GOVERNMENT OF INDIA FOR 1909.

42. Dysentery was less prevalent than in 1908 and the number of deaths was only 19 as compared with 28. The disease was most prevalent at Manzai, Santa Cruz, Jandola, Colombo, Barrackpore and Dibrugarh. As regards the prevalence of the disease in regiments most cases occurred in the 109th Infantry at Santa Cruz. The medical officer reports that all the cases were examined by the committee appointed to enquire into dysentery in India and were found to be amoebic in nature. They were resistant to treatment and relapses were common.

There were in all 1,006 admissions to hospital and five deaths from diarrhoea as compared with 1,115 and eight in the previous year. The regiments in which most cases occurred were the 4th Rajputs, the 124th Infantry and the 47th Sikhs. The 4th Rajputs were stationed at Fort Sandeman in Baluchistan and supplied detachments for various outposts, among them being Kuchbnia where most of the cases of diarrhoea occurred. The water supply was at first thought to be at fault, but the Sanitary Officer of the Division reported that it was a good potable water possessing no purgative properties. In the other regiments chills and unwholesome food were regarded as the important causes.

43. The statement in the margin shows the admission rates from venereal diseases among Native and European troops during recent years. It will be seen that the decrease

Venereal diseases. Appendices B and F. Tables XXVI to XXIX.

among Native troops has not been nearly so marked as among European troops, and that in 1909 the statistics for those troops were not so favourable as in the three preceding years. The increase as compared with the figures for 1908 was confined to troops of the Northern Army and was most marked among Gurkhas, the admission rate among them rising from 18.2 per thousand to 21.0. Among the troops of the Southern Army the admission rate fell from 20.1 to 18.4. Excluding stations at which the average strength was 100 or less the highest admission rates among Native troops in the Northern Army were recorded at Campbellpore, Bareilly, Almora, Benares, Dehra Dun and Amritsar, and among troops of the Southern Army at Cannanore, Bombay, Belgaum, Port Blair and Poona. Among all the Native troops in India the admission rate for syphilis was 5.0 per thousand, for soft chancre it was 5.1 and for gonorrhoea it was 6.3 as compared respectively with the figures 4.9, 4.3 and 6.0 in 1908.

Years.	VENEREAL DISEASES. ADMISSION RATES PER 1,000.	
	Native Troops.	European Troops.
1903 ...	24.5	247.0
1904 ...	20.6	198.5
1905 ...	19.6	153.7
1906 ...	16.2	117.3
1907 ...	14.7	89.9
1908 ...	15.2	69.6
1909 ...	16.4	67.8

44. There were only three admissions to hospital and there was no death from beri-beri during 1909 among the Native troops. The cases occurred in the 79th Carnatic Infantry at Aurangabad, and the 81st Pioneers and the 2nd Sappers and Miners at Bangalore. No remark upon the cases was made by the medical officers of the regiments.

Beri-beri. Table LIII.

45. During the ten years 1899 to 1908 there were altogether 114 cases of suicide in the Native army, an average of about eleven per annum. There were only five in 1909 of which three were by gunshot, one by hanging and one by opium poisoning.

Suicide. Table LIII.



## SECTION IV

### JAILS OF INDIA.

46. In reviewing the health statistics of prisoners for 1908, attention was drawn to the dominant influence of the  
India. rainfall on the condition of the Indian

people, and it was pointed out that any departure from the normal either in amount or distribution produced most serious effects upon the public health. In 1908 the rainfall in Northern India was excessive in amount and abnormal in distribution, a succession of heavy downpours occurring in a comparatively short time, and the feature of the year was the terrible epidemic of malaria that ravished the northern provinces during the autumn. In 1909 the rainfall, although in some excess in the north-west of the country, was generally well distributed, the crops were nearly everywhere abundant and the public health, as indicated by the diminished death rates, improved greatly. Among the prisoners, however, although the death rates were generally lower than in 1908, they were high compared with recent experience, and it looks as if favourable conditions did not affect the health of the prisoners as it affected the health of the people. It is important to ascertain if possible how far this difference is real and to what it is due. Obviously the subject is a very complex one, largely affected by the presence or absence among the people of epidemic diseases which do not largely affect the prison population, and to some extent by the time taken by the effects of returning prosperity to reach the classes from whom convicts are chiefly recruited, but we may state a few conditions which are occasionally overlooked. During an unhealthy year large numbers of the very young, of the old, and of the sickly die, so that the free population as a whole is robuster at the end of the year than it was at the beginning, and is not likely to suffer a heavy mortality in ordinary conditions; but in the prisons there are no very young persons and many of the sickly are preserved by the care they receive through the unhealthy season to swell the mortality of the following year. In every year a large proportion of the general death rate is contributed by the deaths of infants, in the year following an unhealthy season the number of children born is greatly diminished, so that the proportion of the death rate due to the deaths of infants is reduced; the general death rate falls accordingly, but the prison death rate does not share in the fall.

47. The mean daily number of prisoners in India, Burma and the Andamans  
The prison population. in 1909 was 112,249, or 3,154 fewer than in the preceding year, the reduction in the total, which

was unequally shared by the majority of the administrations, being most conspicuous in the United Provinces and the Andamans. The mean death rate was 25.02 per thousand which is .55 per thousand higher than in 1908; the rise was due mainly to the great increase in the mortality among the large population in the Andamans, for elsewhere, except in Burma, the Punjab and the North-West Frontier Province, the death rates of 1909 were lower than those of the preceding year.

In India and Burma the mean daily population fell from 101,336 in 1908 to 99,104, and the ratios of admission to hospital and of constantly sick from 646 and 29 to 618 and 28 per thousand, respectively. The admission rates in the several administrations always differ very greatly, and in 1909 the ratios ranged from 1,021 in the North-West Frontier Province and 916 in Bengal to 310 in Burma. The constantly sick ratios, although not differing quite so widely as the admission ratios, also display a wide range from 40 in Bengal to 16 in Burma. The death rate fell from 24·17 in 1908 to 22·85, the rates in the several provinces, ranging from 29·97 in Eastern Bengal to 15·59 in the Central Provinces.

The mean daily number of convicts in the prisons in India and Burma was 93,058, and they died at the rate of 22·97 per thousand. Among the appendices there will be found two statements, F and G, in which the statistics for five years of the sickness and mortality among convicts in the central and district jails of the several administrations are analysed. The distribution of convicts among central and district jails in 1909 was, as usual, almost equal, but while there was more sickness among the prisoners in district jails, prisoners in central jails died at a greater rate, owing to the excessively high death rates among those prisoners in central jails who had been more than one year and less than seven years in confinement. These high death rates were mainly due to tubercle of the lungs to which more than one-fifth of the total mortality in central jails was due, the proportion rising to between one-fourth and one-third among convicts who had been more than two and less than seven years in prison.

48. The diseases to which were due the greatest amount of sickness were malaria (admission rate 172·4 per thousand), dysentery (70·2), abscess, ulcer and boils (66·1), diarrhoea (38·6) and respiratory diseases (23·3); while the principal causes of death were dysentery (death rate 4·20 per thousand), tubercle of the lungs (3·72) and pneumonia (3·60).

49. The number of cases of malaria admitted into hospital was 17,082, about 3,000 less than in 1908; and there were 118 deaths attributed to this cause. In considering the statistics of malaria among Indian prisoners, allowance must be made for two tendencies, one of which reduces the apparent amount of sickness from malaria while the other augments the malaria death rate. The admission rate is reduced by the practice of medically treating cases of malaria while they are under observation without admitting them to hospital; the death rate is augmented by ascribing to malaria deaths which are due to other causes. It is impossible to say how far the former practice prevails; but errors in the diagnosis of malaria must be very common, for the *post mortem* records show that in some provinces as many as 25 per cent. of the deaths recorded as due to malaria were due to some other cause. Such errors are made in serious cases ending fatally in which the records are fairly complete so that it may reasonably be suspected that errors in slighter cases are not less common. This of course has an important bearing on the results of prophylaxis, because the destruction of anopheles and the administration of quinine cannot be expected to reduce the frequency of diseases other than malaria. The use made of the heading pyrexia of uncertain origin seems to vary in the different provinces. The term



suggests malaria, and doubtless a large proportion of the cases to which it is applied have a malarial origin, but the disparity between the ratios of admission on account of malaria and of pyrexia of uncertain origin in the several provinces shows either that there is great divergence in diagnostic practice or that unidentified fevers are peculiarly prevalent in certain provinces. Among the whole prison population, excluding convicts at the Andamans, the proportion of cases of pyrexia of uncertain origin to cases of malaria was about 2 to 34, but in Burma the proportion was 2 to 3, and in Madras 2 to 5.

The admission rate for malaria in India and Burma was 172·4 per thousand, compared with 197·7 in 1908, the fall being common, although in widely differing degree, to all provinces except Bengal and Madras. As usual the frequency of malarial attacks varied enormously in the several provinces. By far the highest admission rate was recorded in the North-West Frontier Province, 504·4 per thousand. The other provinces may be arranged in three groups—Bengal, Eastern Bengal and Assam and the United Provinces, with rates ranging from 273·8 to 212·1 per thousand; the Central Provinces, the Punjab and Bombay with a range from 151·3 to 123·8, and Madras and Burma with rates of 81·0 and 35·5 per thousand, respectively. In Madras the admission rate for pyrexia of uncertain origin was 32·5 and in Burma it was 22·8.

The mortality ascribed to malaria does not correspond with the frequency of the disease among the whole prison population,\* for in spite of the decline in the admission rate in 1909 the death rate rose from 1·04 to 1·19. In two provinces, Eastern Bengal and Assam (2·79) and Bengal (2·06), the rates were over 2 per thousand, and in three Madras (·83), Burma (·29) and the Punjab (·26) they were much below 1 per thousand. The case mortality presents interesting variations; in Eastern Bengal and Assam (1·12), Bombay and Madras it was slightly over 1 per cent; in Burma, the Central Provinces and Bengal it was between ·82 and ·75, while in the three provinces where the incidence of the disease is most distinctly seasonal, that is to say where there is a comparatively large increase in the frequency of attacks during the autumn months, the case mortality was lowest, the United Provinces (·58 per cent), the North-West Frontier Province (·29) and the Punjab (·19). In all provinces there is a continuous flow into the hospitals of cases of malaria, and the proportion of admissions each month is generally fairly constant from year to year. The distribution of cases in 1909 was, however, peculiar and in marked contrast to the distribution in the preceding year, when the distribution of malaria cases was typical, but exaggerated. In the first half of 1908 the number of cases was below the average; in the same period in 1909 the figure was slightly above the average. In July 1908 the numbers were low, while in July 1909 the numbers were extraordinarily large. The autumn of 1908 was characterised by an epidemic of exceptional severity, the figures being extraordinarily high in September and October; in 1909 the number of admissions in the autumn were very low, particularly in September and October.

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\* The Andaman convict population is excluded from this comparison because only a small proportion of the convicts live in ordinary prison conditions. The figures among the Andaman convicts in 1909 were—admission rate 1075·4 and death rate 4·56 per thousand, case mortality ·42 per cent.



Measures directed against mosquitoes such as the cutting of undergrowth, draining or oiling pools, seem to be in general use, although Inspectors-General do not give much information on this subject. In this connection attention may be drawn to a striking article by Dr. Kreyenberg\* who protests against the indiscriminate use of petroleum for the destruction of larvæ. Dr. Kreyenberg points out that in permanent ponds and tanks the balance of nature is soon established so that fish and other creatures speedily destroy any mosquito larvæ that may develop in them, and that it is in temporary pools, caused by rain or by the overflowing of streams, and in drains that mosquitoes breed. Temporary collections of water should be abolished or oiled, but permanent ponds should not be oiled, but if necessary be stocked with the fauna and flora of other ponds in the neighbourhood. Possibly Dr. Kreyenberg is too optimistic, but experiments with fish as larvæ destroyers have been fairly successful in this country where there are many suitable kinds available. 'Millions' (*Girardinus pæciloides*) have been introduced from Barbadoes and they have relatives in India with a similar appetite for larvæ. Dr. Bentley has recently found that a fish known locally as *kazara* and identified as *Anabas scandens* is very destructive to larvæ in Bombay.

Quinine prophylaxis was in general use and with very few exceptions medical superintendents believe firmly in its efficacy, although there is much difference of opinion regarding the most efficacious dosage. It is to be regretted that quinine prophylaxis in prisons is so largely empirical; the preventive administration of quinine ought to be accompanied by the systematic use of the microscope for the examination of blood, when we should soon learn, not only the most effective methods of giving quinine, but the relation of quinine administration to the presence of parasites in the blood, and possibly the relation of the presence of parasites in the blood to the occurrence of fever. This relationship is not so simple as it was thought to be, and it has been observed recently in widely separated parts of the world that a large percentage of a community may exhibit parasites in their blood without suffering from fever.†

A further series of experiments were carried on during the five months July to November in the jails at Peshawar and Dera Ismail Khan, in the North-West Frontier Province, where malarial fevers are very frequent during the autumn months. In the Peshawar jail three gangs were formed, each consisting of 30 prisoners whose circumstances were as nearly as possible identical. To gang A no quinine was given and 11 cases of malaria occurred among them; to gang B five grains of quinine were given in solution after the morning meal every day, six cases of malaria occurred among them; to gang C 15 grains of quinine were given every 5th and 6th day, and only one case of malaria occurred among them. At Dera Ismail Khan the conditions of the experiment were the same in every particular, except that the gangs consisted of an average number of 47 prisoners and a fourth gang, X, was formed largely from prisoners admitted to jail during the course of the experiment. Among the 47 prisoners of gang A, who got no quinine, 26 cases of malaria occurred; among the prisoners of gang B, who got

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\* *Archiv für Schiffs-und Tropen-Hygiene*, Volume XIV, 1910, page 518.

† See the report of the Italian *Società per gli Studi della Malaria*, referenced in the *Lancet* of December 24th, 1910, page 1860; also Bentley in his Report upon malaria in the southern portion of the Island of Bombay, 1910; also the Report for 1909 on the Institute for Medical Research of the Federated Malay States, page 5.



five grains of quinine daily, 7 cases occurred ; among the prisoners of gang C, who got 15 grains of quinine every 5th and 6th day, 2 cases occurred, and in gang X, who also got 15 grains every 5th and 6th day, 16 cases occurred.

At Jubbulpore the experiment was tried of giving nightly a small quantity of kerosine oil to each prisoner to rub into his skin before going to bed. This issue was very popular because the kerosine kept off bugs as well as mosquitoes, but it had soon to be discontinued because some of the prisoners rubbed the kerosine oil into their skin with such misdirected vigour that they succeeded in producing sores, and others put the kerosine into their eyes.

50. Dysentery was less prevalent among the prisoners generally than in 1908, the admission rate falling from 76·9 to 70·2 per thousand, while the death rate fell from 4·67 to 4·20. In three provinces, however, Madras, Burma and the North-West Frontier Province, the admission rates were higher than in the previous year, and in four, Bombay, the United Provinces, Burma and the North-West Frontier Province, the death rates were higher. The most noticeable feature of the dysentery statistics are the enormously high admission and death rates in Eastern Bengal and Assam and in Bengal, and the comparatively low admission rate and high death rate in Madras. In Northern India the admission and death rates from this cause were abnormally high, a legacy from the unhealthy conditions of 1908, as shown by the relative frequency of cases in the early part of 1909.

51. Owing mainly to the greater prevalence of diarrhoea in the prisons of the Punjab and Central Provinces the general admission rate rose from 37·6 per thousand in 1908 to 38·6 ; while the decrease in the mortality in Eastern Bengal and Assam and the Central Provinces was more than equalized by the increase in the United Provinces and Punjab, so that the general death rate rose from ·94 to 1·04 per thousand.

52. The ill-effects of the unhealthy conditions of the preceding year are conspicuously manifest in the statistics of tubercle of the lungs. Although the general death rate fell slightly, from 3·76 to 3·72 per thousand, and the admission rate rose only slightly, from 9·4 to 9·9, both the admission and death rates in those northern provinces which suffered from the epidemic of malaria in the autumn of 1908 were abnormally high. In the Punjab, the admission rate rose from 13·0 to 15·4, in the United Provinces it rose from 8·2 to 10·0 and in the North-West Frontier Province it rose from 6·7 to 9·6. In Bengal the high rate of 12·8 rose slightly to 12·9 ; and in Madras there was a remarkable rise from 7·7 to 10·1, which may possibly be due in part at least to improved diagnosis following on the provision of special accommodation for tubercular disease of the lungs in the jails at Trichinopoly and Bellary. The fall in the admission rate in the Central Provinces from 10·0 to 4·0 is not of much significance in view of the small number of prisoners in the administration. In Eastern Bengal and Assam and in Bombay the admission rates fell from 10·5 and 6·6, respectively, to 8·4 and 3·7 per thousand. By far the highest death rate occurred in the Punjab, where, however, the figure, 5·47, is slightly lower than in 1908. The next highest rates were 4·24 in Bengal and 4·24 in Burma, respectively somewhat lower and somewhat higher than the figures of the preceding year. In the United Provinces and the North-West Frontier Province the



tubercular death rate rose considerably and in Madras it rose slightly. In both central and district jails admissions were most numerous in the first part of the year. Inspectors-General are sparing in their remarks regarding the occurrence of tubercle in the jails. One Inspector-General is strongly of opinion that the disease is rapidly increasing in frequency among the people and that its more frequent occurrence among prisoners is the natural consequence; another quotes the opinion of a medical superintendent that tubercle of the lungs is very common among the people in the town in which the jail is situated and that many prisoners are infected when they go into jail; a third suspects that the seeming increase of tubercular cases in his prisons is due in a large measure to the more accurate diagnosis rendered possible by the use of the microscope. The statistics do not enable us to say what the real increase among prisoners is, because, leaving changes in nomenclature out of consideration, it is not possible to estimate the effect of improved diagnosis. That improved diagnosis has augmented and will further augment the apparent frequency of tubercle of the lungs among prisoners is evident from an examination of the *post mortem* records which show that, in spite of the attention that has been directed in recent years to this disease, failure to distinguish its presence during life is not uncommon. The statistics certainly show that a very large number of prisoners must be suffering from tubercle when they are convicted, for of the 922 prisoners in whom the disease was diagnosed in 1909, no less than 402 were admitted to hospital within six months of their incarceration. Similar evidence is furnished by the deaths; there were 354 deaths and of these 77 occurred during the first six months' imprisonment and 126 in the following eighteen months. On the other hand the figures show that a high proportion of cases if they are not contracted, are at any rate developed in jail, and this is particularly noticeable in the statistics of the central jails, in which the admission ratio is highest among prisoners who have been in prison between three and seven years; while the death ratios rise almost continuously from 2.05 per thousand among prisoners who have been less than six months in prison to 11.70 among those who have been between three and seven years in prison. Some light is thrown upon the question by the records of the state of health at the time of admission to jail of those prisoners who died of tubercle of the lungs. The statistics of central and district jails differ considerably so it will be well to take them separately. In 1909 in the central jails 245 prisoners died from tubercle of the lungs; 120 were in good health on admission, 80 in indifferent health and only 45 in bad health. In district jails the number of prisoners who died from tubercle of the lungs was 109, and of those at the time of their admission 36 were in good health, 30 in indifferent health and 43 in bad health. Almost half the prisoners who died of tubercle of the lungs in central jails and nearly one-third of those who died of the disease in district jails were in good health, as determined by the medical officer of the prison, at the time of their entry into jail. In central jails the mean duration of cases, from the date of admission to hospital until death was 100 days; in district jails the mean duration was only 58 days.

53. Cases of pneumonia were more common and the mortality was higher than in 1908, the mean admission rate rising from 12.4 to 14.3, and the mean death rate from 3.24 to 3.60 per thousand, respectively. Admission rates were higher than those of the preceding year in all provinces, except Madras,

Pneumonia.



Bombay, Burma and the North-West Frontier Province ; and death rates were higher in all, except Bombay, Burma, the Central Provinces and the North-West Frontier Province. As usual, both admission and death rates varied greatly in the several provinces—the admission rates ranging from 24·4 per thousand in the North-West Frontier Province to 2·2 in Burma, and the death rates from 6·16 in the Punjab to ·66 in Burma. The admission rates in the United Provinces (23·4) and the Punjab (23·9) were exceptionally high.

54. The admission rate under this unsatisfactory heading remained at the same figure, 11·8 per thousand, as last year, but the death rate rose slightly by ·05 to ·60. As in 1908 the highest death rates were registered in Eastern Bengal and Assam (1·12), Bombay (1·05), and Madras (1·20).

55. There were in all 201 cases of cholera of which 111 terminated fatally. The disease was absent from the jails of only three provinces, Bombay, the Central Provinces and the North-West Frontier Province, but there were only three cases in Bengal.

56. Although there were 50 cases of small-pox and two deaths, and only the jails of Burma and the North-West Frontier Province entirely escaped, the numbers of cases were considerable only in Bengal (23), and the United Provinces (13). There were 14 cases of plague, compared with 10 in 1908. The occurrence of enteric fever was recorded in the jails of every administration except Bombay ; the total number of cases was 86 of which 21 proved fatal.

57. In the province of Bengal the rainfall, except in the beginning and end of the year, was considerably in excess of the normal, particularly in Bengal proper and during the monsoon. The winter crops were poor, especially in Bihar, and the prices of food grains remained high until the early advent of the monsoon rainfall, which was on the whole well distributed, dispelled anxiety. Seasonable climatic conditions resulting in abundant water-supplies and comparatively cheap food produced a great improvement on the public health, and the general death rate was lower than it has been for ten years.

The number of prisoners admitted into jail fell from 101,000 to 89,081, but there was a further serious increase in the average daily number in confinement from 15,565 to 16,036. The pressure on the space was greatest in the first seven months of the year and reached the maximum in July, and 23 of the 37 jails were overcrowded throughout the year. The new central jail at Alipore, accommodating 1,390 prisoners, was opened on the 1st December, but the relief thus afforded will not last long, because the old Presidency jail with accommodation for 1,291 prisoners must be evacuated within the next three years. It is proposed to build a new central jail on the most modern lines in which habitual prisoners will be segregated under rigorous discipline.

The rate of admission was 916 per thousand which is a low rate for Bengal, but the constantly sick rate was 40 per thousand, a higher figure than any recently recorded. There were 403 deaths, including 77 among the comparatively small population (1,076) of the Hazaribagh central jail where dysentery was prevalent and fatal. In consequence of the excessive mortality at Hazaribagh the total



death rate, 25·13, was higher than the five years' mean, 23·93 per thousand, although it was considerably lower than the high rate, 31·61, recorded in 1908. Cholera was happily almost absent from the jails and only three cases, all of which proved fatal, occurred in three jails. There were 26 cases of enteric fever and nine deaths; 12 cases and five deaths occurring at Hazaribagh where the defective water-supply was suspected owing to the simultaneous occurrence of the disease in the Reformatory School which derives its supply from the same source. Malaria was more prevalent and, according to the reported figures much more deadly than in 1908; the admission rate was 274 compared with 248, and the death rate 2·06 compared with ·84. A death rate of 2·06 per thousand from malaria among prisoners is so high that it must excite suspicion. There were in all 33 deaths attributed to malaria and in 21 instances an autopsy was held. The details given are often defective in essentials, but certainly the diagnosis was not supported in more than 12 cases. In one jail where 11 deaths were ascribed to malaria details of *post mortem* examinations are given in three cases and in none of them was malaria the apparent cause of death. Quinine prophylaxis is said to be generally used. Tubercle was as frequent as in 1908 but less fatal, the admission rates in the two years, being 12·8 and 12·9 and the death rates 5·01 and 4·24 per thousand, respectively. It is noteworthy that there was no death from tubercle in the Midnapore central jail where the mortality used to be high. The comparative freedom from the disease of this jail is attributed to improvements in its hygienic condition, among them the increased ventilation of the dormitories. A special jail for the segregation of prisoners suffering from tuberculosis has not yet been provided. Pneumonia was somewhat more fatal than usual, the death rate being raised to 2·68 per thousand owing to an epidemic at Midnapore where certain work-sheds appear to have been infected. Dysentery caused an admission rate of 151·5 per thousand and a death rate of 6·42 which, although much lower than the high rate of 8·54 recorded in 1908, is considerably above the quinquennial mean. There was a severe epidemic at Hazaribagh which reached its maximum in July, when no less than 152 cases were admitted to hospital. There were in all 495 cases and 36 deaths. The water-supply of this jail is taken from lakes largely fed by surface drainage and consequently liable to pollution, and in 1909 they were silted up and the pumping apparatus was out of order. At Midnapore although there were 133 cases of dysentery there was only one death from it.

58. The rainfall in the earlier part of the year was in serious defect and the winter crops were very poor so that there was scarcity in some areas. The monsoon rains were, however, abundant and well distributed and the high prices of food grains fell considerably. The general health was poor; small-pox was generally epidemic and the mortality ascribed to fevers was above the normal. The average daily strength of the prison population rose from 7,118 to 7,173, and 12 of the 25 jails were overcrowded. In spite of the poor condition of the public health there was a slight improvement in the condition of the prisoners as compared with 1908, although the constantly sick rate remained at 37 per thousand, the admission rate fell from 917 to 899, and the death rate from 31·89 to 29·97. Among the causes of death the more prominent were dysentery (death rate 8·09 per thousand), pneumonia (4·04), tubercle of the lungs (3·62) and malaria (2·79). The high death rate from malaria indicates faulty diagnosis, and an examination of the notes of the medical histories and autopsies of the 20 fatal cases shows that in at least 12

Eastern Bengal and Assam.



instances malaria was not the cause of death although in some instances it may have been a complication. As usual the death rate from diseases described as anæmia and debility was comparatively high.

59. The rainfall of the year was considerably in excess of the normal, particularly in the west of the province. In April the weather was peculiarly wet and cold. The monsoon burst early and the rain was on the whole well distributed. Owing to the dry autumn of 1908 the *rabi* crops were unsatisfactory, and there was scarcity in some places in the east of the province. The autumn crops were good, and the prices of food grains, although still high, were considerably less than in 1908. The general death rate in the province was below the mean, but this as an indication of the state of the public health is misleading, because large numbers of weakly and elderly persons died during the malaria epidemic of 1908 and the birth rate of 1909 was unusually low. Moreover, in nine of the districts, the general mortality was higher than in the preceding year. The daily average number of prisoners fell from 28,308 to 26,020, and, except in a few instances, the jails were not overcrowded. The ratio of admissions to hospital fell from 679 to 574 per thousand, and the constantly sick from 31 to 28, but disease was more deadly and the death rate was 23·79 or only 30 per thousand less than in 1908. Cholera appeared in 5 jails; there were in all 43 cases and 26 deaths. The only serious outbreak was that which occurred in the adjoining central and district jails at Lucknow, between the 4th August and 3rd September. The disease had been prevalent in the city and district and as a warder of the district jail who was employed carrying messages between the jails and the city was the first attacked, it was believed that the infection was brought to the jail by him. In the central jail there were 33 cases and 20 deaths and in the district jail four cases and two deaths. In 1908 the admission rate on account of malaria was 281·3 per thousand; in 1909 it fell to 212·1, and there was a corresponding fall in the death rate from 1·55 to 1·23. The outstanding feature of the malaria incidence in the jails in 1909 was its great prevalence in the first part of the year, and, possibly owing to the wet and cold April, the extraordinarily large number of cases which occurred in May. In normal years in the jails malaria is most common in September, October and November, in 1909 the number of admissions to hospital in these months were, respectively, 503, 512 and 393, compared with 636 in May, 692 in July and 637 in August. A prophylactic issue of 15 grains of quinine was given weekly from the beginning of August until the end of November to every prisoner who would take it, and "practically all the prisoners in the jails took it gladly." All except three of the medical superintendents reported favourably on the effects of the issue, but there was some difference of opinion regarding the best dosage for prophylactic issues. The Inspector-General himself was disappointed with the results in view of the large numbers of cases that occurred in a season that was not particularly malarious. In this connection attention may be drawn to a singular divergence in the monthly incidence of malaria in the jails as indicated by admissions to hospital, and among the general population as indicated by the deaths recorded under the heading fevers. At the beginning of the year malaria was evidently unusually prevalent both outside and inside the jails; but, while the fever mortality in the province generally was as usual comparatively high in the last four months of the year, the numbers of admissions on account of fevers into jail hospitals during those months were comparatively small. Cases of tubercle of the lungs were exceptionally numerous and fatal, this being, in the



opinion of the Inspector-General, owing to the effect of famine and malaria—"simply a reflection of the general deterioration in health and increased liability to disease among prisoners admitted to jail". Cases of tubercle of the lungs are isolated in all jails, and the wards for open air treatment in the central prisons have been considerably enlarged. Pneumonia was more frequent and much more fatal than usual, and caused a higher death rate than any other disease. Cases are carefully isolated and the barracks in which they occur are disinfected. More effective arrangements for the disinfection of clothing and bedding are being made by the supply to all jails, as funds permit, of small steam disinfectors. Dysentery, although less prevalent than in 1908, was far more deadly. Among the larger jails the disease was most severe at Lucknow, where many elderly and infirm prisoners suffered from exposure in the cholera camp, and at Bareilly, where the condition of prisoners received into jail was exceptionally bad. At Saharanpur and Gorakhpur, where prisoners are often found to be suffering from dysentery on admission to jail, there are special hospitals for the treatment of the disease, and in all central and practically all district jails efficient arrangements for the isolation of cases exist; unfortunately in many jails it is not yet possible sufficiently to isolate convalescents.

60. The medical history of the Punjab jails in 1909 is peculiarly interesting because the bad health of the prisoners furnishes a marked contrast to the apparently satisfactory condition of the general population. Climatic conditions in the province were favourable, the rainfall was approximately normal in quantity and well distributed, both the winter and autumn crops were abundant, prices were low, labour was in great demand, and wages were high. There was but little malaria in the autumn, and the death rate, 30·89 per thousand, was the lowest since 1900. There was a slight increase in the available accommodation in the jails, and the average number of prisoners was considerably below the quinquennial mean; only six jails were temporarily overcrowded, and in only one, the Lahore central jail, was the overcrowding serious. In spite of all these favourable conditions the hospital admission rate rose from 581 per thousand in 1908 to 613 in 1909, and the constantly sick rate from 26 to 28, while the death rate, 25·16 per thousand, was higher than in 1908, and considerably higher than any rate recently recorded in the province. An examination of the conditions in the province shows, I think, that in this instance the low death rate is misleading as an index of the state of the public health and that the wave of prosperity induced by the seasonable rainfall did not immediately reach the lower strata of the population. The death rate was comparatively low in the province generally owing largely to the elimination of the unfit in the disastrous autumn of 1908, to the moderation of the plague epidemic and to the mildness of the autumnal malaria. In several districts, notably Delhi, Karnal, Ferozepore, Shahpur, and those of the Multan Division, death rates remained high, and in most districts the health of the lower classes was very bad in the early part of the year. This is reflected in all the jail returns; the health of the prisoners on admission and in jail was particularly bad during the early months of the year, the death rate, which is ordinarily highest in the second half of the year, was highest in the first half, and those diseases to which sickly and infirm persons are specially liable were rife—the admission rate on account of tubercle of the lungs rose, dysentery and diarrhoea were very prevalent, and pneumonia was not only very common, but exceedingly fatal, causing a death rate of 6·16 per thousand. Malaria was comparatively pre-



valent in the early part of the year, and the largest number of attacks occurred in May ; in the jails as in the province generally the autumnal malaria was mild. Only three deaths were attributed to malaria two of which occurred at Gurdaspur where there were only 24 cases of the disease admitted to hospital. Quinine was given prophylactically during the four autumn months when there were 424 admissions to hospital on account of malaria about one-fourth of the year's total of 1,606. The number of admissions on account of tubercle of the lungs rose from 155 in 1908 to 177 and the number of deaths was 63. A special ward for the outdoor treatment of tuberculous cases was added to the Montgomery jail during the year. There were 448 admissions to hospital for dysentery, a smaller number than in 1908, but much above the quinquennial mean. In most jails 'post dysenteric' gangs have been formed in order to diminish the danger of the transmission of the disease by convalescents. There were 276 cases of pneumonia, which was specially prevalent in the jails at Lahore, Karnal, Hissar, Ferozepore and Jhelum.

61. The rainfall, which was in defect during the first half of the year, was ample and well distributed during the season of the monsoon, and average, or more than average crops on a considerably extended area of cultivation lowered the prices of food grains and raised the rate of wages. The birth rate, owing to the malarious autumn of 1908, was lower than usual ; the death rate was more than 6 per thousand below the quinquennial mean.

There was a trifling increase in the daily average strength of prisoners which was 1,354, and in the Peshawar jail for the greater part of the year there was fairly constant, but apparently unavoidable, overcrowding, the evil effects of which were minimised by the use of tents.

The good health of the general population was mirrored in the jail statistics, the ratio of admission falling from 1,222 to 1,021, and the rate of constantly sick from 37 to 27 per thousand. The death rate, however, rose from 15.61 to 20.68 per thousand, the higher mortality being in part due to the greater prevalence and fatality of tubercle of the lungs and dysentery. Of the 28 deaths two were due to heat-stroke and six to typhus fever, of which there was an outbreak in the Peshawar jail lasting from the 1st February until the end of May. The origin of the disease could not be traced, and although every precaution was taken to limit its spread, "including the measure formerly so successful of destroying the bed-bugs that could be found in cots, cubicles, etc.", the infection was not stayed and 22 cases in all occurred. The number of cases of malaria fell from 905 in 1908 to 683, but there were two deaths, both in the Peshawar jail.

62. During the hot weather months and autumn the rainfall was in excess ; during January and February and in the monsoon period, June to September, it was in considerable defect, but as the rain was generally well distributed and seasonable, the crops were good and food supplies were ample. The provincial birth rate was lower than the mean of recent years, and the death rate, 33.09 per thousand, was the lowest since 1905 ; in a few districts, however, the death rates were swollen owing to the presence of cholera and plague. The average daily number of prisoners in the jails rose from 4,013 to 4,297, a total far below the number for which accom-



modation is provided. The prisoners shared in the good health of the general population; the admission rate fell from 632 in 1908 to 514, the constantly sick rate from 21 to 18, and the death rate from 22·18 to 15·59 per thousand, respectively. There was a notable decline in the mortality from tubercle of the lungs from 3·99 per thousand to 1·63; and the mortality from dysentery fell from 5·23 to 3·72. The number of malaria cases fell from 961 to 650 and there were five deaths. The seasonal distribution differed from the ordinary in the small number of cases that occurred in October. The number of cases of dysentery fell from 181 to 127. The Inspector-General is of opinion that much of the dysentery that occurs in the Central Provinces jails is due to the "unaccustomed plenty" of the diet provided. The seasonal incidence of the disease in the jails is, however, much the same from year to year, and does not differ from the seasonal incidence among the general population as indicated by the deaths from bowel complaints among them, the greatest prevalence of the disease occurring in July, August and September. Pneumonia and diarrhoea were both rather more common than in 1908, but the cases were apparently milder. An innovation was introduced into the Jubbulpore jail by the opening of a dispensary in the part of the jail occupied by habituals for the treatment of slight cases under observation. This has had a satisfactory effect in reducing the number of minor ailments reported, and a similar dispensary was opened in the Nagpur jail.

63. In consequence of the failure of the north-east monsoon rains in 1908 the high prices of food grains were maintained in 1909, and although the south-west monsoon rainfall was ample and the crops abundant prices did not fall. The north-east monsoon in 1909 failed entirely. The general health in the presidency was good, the birth rate was the highest on record, and owing to cholera and fevers being less prevalent than usual, the death rate was considerably less than the quinquennial mean. The number of prisoners who passed through the jails was smaller than in 1908, but owing to sentences being generally more severe, the average daily number in confinement rose from 10,638 to the record number 10,815. As this number is in excess of the accommodation available, some overcrowding was inevitable, but it was nowhere very serious and arrangements were made to mitigate the evil. Although the death rate fell from 29·80 per thousand in 1908 to 25·24, the general health of the prisoners in most of the jails, particularly in the earlier months of the year, was far from good, and the ratios of admissions to hospital and of constantly sick rose from 443 to 497, and from 23 to 25 per thousand, respectively. The increase in these figures is stated by the Inspector-General to be due rather to attention to injunctions regarding the prompt admission to hospital of all cases of illness likely to require hospital treatment, than to the generally poor condition of the prisoners, but regarding many of the jails in which the death rates were exceptionally high it is explained that prisoners were in a bad state of health on admission to jail, and it was just those diseases which we expect to find among a weakened population that were especially prevalent and fatal—the number of cases of tubercle of the lungs rose from 89 in 1908 to 109 and the death rate from 3·20 to 3·88; cases of pneumonia were almost as frequent as in 1908, the incidence of the disease being much above the average in each of the first four months of the year, and the death rate rose slightly, while cases labelled anæmia and debility increased in number from 217 to 224, and the death rate from ·94 to 1·20. Dysentery was unusually prevalent in the earlier part of the year and in June and July. Cases of malaria were rather



more numerous than usual, although the death rate, '83 per thousand, was well below the quinquennial mean. Even this figure is much above the real malaria death rate, for the records of the autopsies show that of the nine deaths attributed to malaria six were due to dysentery. Cholera appeared in three jails, Coimbatore, Berhampur and Madura, and caused a death rate of 3'51 per thousand. At Madura there was a single fatal case, but the outbreaks at Coimbatore and Berhampur were serious. At Coimbatore there were 50 cases and 20 deaths during 30 days. The origin of the disease could not be traced; there was no cholera in the town or *taluka* prior to the occurrence of the disease in the jail; the water-supply was reported free from infection, and the prisoners were not moved into camp. At Berhampur there were 39 cases and 17 deaths. Cholera was prevalent in the city, *taluka* and district at the time of the outbreak in the jail.

64. The rainfall, which was generally in defect in the early part of the year, was in slight excess during the monsoon, except in Bombay. The cold weather crops although sown over a larger area than usual yielded a poor return, but the *kharif*, except in the east of the Karnatak and of the Deccan, was good, and prices were normal except in Bijapur, Kanara and Panch Mahals, where, early in the year, there was some scarcity. The death rate was 27'38 per thousand, considerably below the quinquennial mean, the reduction being due mainly to the comparative absence of plague, but also to a decline in the mortality from fevers, bowel complaints and respiratory diseases. The daily average number of prisoners in confinement fell from 7,930 in 1908 to 7,591, and their health was generally good. The ratio of admissions to hospital fell from 654 per thousand to 580, and the constantly sick rate from 33 to 28, while the reduction in the death rate from 18'16 to 17'92 would have been greater, but for the comparatively large number of deaths which may fairly be described as 'accidental'. The number of cases of tubercle admitted to hospital fell from 52 to 28, and the death rate from 3'03 to 1'98. Six of the cases of tubercle and four of the deaths occurred among the small population of the Common Prison in Bombay, where the high general death rate, 42'39 per thousand, is ascribed by the Inspector-General to the facts that "the Bombay habitual is a syphilitic, malaria-sodden debauched person," and that every healthy prisoner is sent from the Common Prison to the Deccan gang. The number of cases of pneumonia fell from 136 to 99, and the death rate from 3'28 to 3'16. Cases of pneumonia were as usual common in January and February, but the numbers of cases occurring in the last three months of the year were much below the average. Dysentery was far less prevalent than usual, but the death rate, 1'98 per thousand, was rather above than below the average. Four of the deaths from dysentery occurred in the central prison at Hyderabad, where the cooking, "now an object of special care", was unsatisfactory. The number of admissions to hospital on account of malaria was nearly as large as in the preceding year, 940 compared with 997, and the death rate was slightly higher, 1'32 compared with 1'26. It is explained that in nearly every instance the prisoners that died were suffering severely from the effect of malarial infection when admitted into jail. In a considerable proportion of the fatal cases, however, although malaria may have been a complication it was not the cause of death. Quinine was issued as a prophylactic in most jails, and orders have been issued to, 'ensure greater uniformity of practice in dosage, etc.' There was another outbreak of cerebro-spinal meningitis, 17 cases and five deaths, at Hyderabad.



65. The rainfall in the early part of the year was irregularly distributed and the last three months were distinguished by an unusually heavy rainfall, but the monsoon rains were abundant and timely, and the crops were excellent throughout the year, the prices of the staple grain in all parts of the country being much lower than in 1908. The general health as indicated by the mortality was not particularly good; in Lower Burma the death rate was considerably above the mean, possibly owing to improved registration, and in Upper Burma cholera was prevalent, while the death rates from fevers and bowel complaints were higher than usual.

The average daily number of prisoners in the jails was 13,680, a somewhat smaller figure than any recorded in recent years. The general health of the prisoners was good although the statistics were not so favourable as those of recent years. The ratio of admission to hospital was 310 per thousand, compared with 277 in 1908 and 256 in 1907, and the constantly sick rate was 16, compared with 16 in 1908 and 14 in 1907. The death rate was 16.15, compared with 13.27 and 11.88 in the two preceding years. The increase in the death rate was largely due to an outbreak of cholera in the Mandalay jail. The disease appeared in July and there were 37 cases and 28 deaths. There was a small outbreak in the Insein jail, 6 cases and 3 deaths, and single cases in Pagan (fatal), Bassein and Moulmein. Cases of malaria are becoming progressively less frequent in the jails of Burma, and in 1909 the number fell to 486, the death rate being .29 per thousand. Quinine is administered in ten grain doses twice weekly to malarial subjects, apparently with beneficial effect, and other anti-malarial measures are carried out as far as possible. The number of admissions to hospital on account of tubercle of the lungs rose from 106 in 1908 to 110, and the death rate from 3.39 to 4.24 per thousand. Cases of tubercle are of rare occurrence in the jails of Upper Burma, most of the few cases shown in the returns having been transferred from the lower province. During 1909 six cases were sent to Myingyan and seven to Yamethin. A proposal to build an addition to the Yamethin jail for the accommodation of tubercular prisoners from all parts of the province is being considered. There was a slight increase, from 269 in 1908 to 280, in the number of cases of dysentery, and the death rate rose from 1.37 to 1.68. The disease was prevalent in the Rangoon central jail, possibly owing to the inexperience of medical subordinates who were frequently changed. There was a notable fall in the number of cases at Myingyan, from 96 in 1908 to 29, attributed to the special attention paid to the preparation of food, the quality of vegetables supplied and to general hygienic measures, including precautions taken against the practice of eating raw *ata*, and the detection and treatment of cases in their early stages. There were only 30 cases of pneumonia and the death rate fell from 1.23 to .66 per thousand.

66. The rains began earlier and lasted longer than usual, and the total fall which amounted to 151 inches, was the highest for thirty years. The health of the Settlement was very bad, Europeans and Natives, soldiers, police and convicts, all suffering severely. The average daily number of convicts was further reduced by 922 to 13,145, and there was no overcrowding in the barracks—in many of which structural improvements were effected—or anywhere save in the hospitals. The admission rate rose from 1,439 per thousand in 1908



to 1,761, and the constantly sick rate from 79 to 94, while the death rate, which has been comparatively low since 1906, again rose to the high figure 41·38. The salient feature of the unhealthiness of the year was the great prevalence and severity of malaria from March to September, and of dysentery from May until the end of the year. The ratios of admission from all the more important diseases, except tubercle of the lungs, were much higher than in the previous year, and the death rates from malaria and dysentery were twice as high. Malaria accounted for 14,136 admissions to hospital and 60 deaths, a ratio of 4·56 per thousand. The admission rate would have been higher (and the case mortality lower), but that many convicts had to be treated outside the hospitals which were overcrowded. The Senior Medical Officer describes under malaria, several types of disease—among them (1) a very deadly fever (case mortality 42·5 per cent.) almost confined to the western district and most common among self-supporting convicts, which is characterised by the association of the fever with jaundice, the absence of 'ordinary' malaria parasites and resistance to quinine; and (2) a profound anæmia unaccompanied by fever which is followed by dropsy, parasites being frequently absent from the blood. There were three cases of black-water fever, one of which terminated fatally. Quinine was issued prophylactically in doses of 15 grains once a week from the 2nd May until the 11th October to all labouring convicts. The Senior Medical Officer and his assistants were of opinion that the issue did good, but it is evident that it did not prevent malaria or its sequelæ. This may in part be explained by the fact that while the epidemic of malaria began in March the prophylactic issue was not given until the beginning of May. Under the heading pyrexia of uncertain origin there were 707 admissions to hospital on account of a fever of a peculiar nature in which prolonged periods of pyrexia alternated with shorter periods of absolute freedom from fever. No parasites were found in the blood and Widal tests for Malta fever and enteric fever were negative. The illness lasted in some cases for three or four months, and although distressing, always terminated in recovery. The Senior Medical Officer is of opinion that the epidemic of dysentery was in a measure dependent upon the pre-existing malaria, the convicts and others weakened by malaria being peculiarly susceptible to dysenteric infection, and points out that those convicts who arrived from India after the 22nd August, when the epidemic of malaria was declining, were not attacked by dysentery. The type of dysentery differed from that which ordinarily occurs in the Settlement, œdema and stomatitis were unusually common complications, while the intestinal symptoms were less severe. There were 1,964 admissions and 118 deaths from dysentery, ratios of 149·4 and 8·98 per thousand, respectively. The numbers of cases of and deaths from tubercle of the lungs fell from 148 and 100 in 1908, to 110 and 92, respectively, the ratios on the reduced population of 1909 being 8·4 admitted per thousand compared with 10·5 in the preceding year, and 7 per thousand died, compared with 7·11. The admission rate on account of pneumonia rose from 10·2 per thousand in 1908 to 18·2, and the death rate from 4·12 to 6·24.





## SECTION V.

### VITAL STATISTICS OF THE GENERAL POPULATION.

67. The populations among whom births and deaths were registered in British

**Births in British India.**

India in 1909 numbered 226,394,326, and the total number of births recorded during the year was 8,298,379. The birth rate of the year was 36·65 per thousand compared with 37·78 in the preceding year and a quinquennial mean of 38·64. In only five provinces, Bengal, Madras, Coorg, Lower Burma and Upper Burma were the birth rates higher than in 1908, and in only six, Eastern Bengal, Madras, Bombay, Coorg, Ajmer-Merwara and Lower Burma were they higher than the mean birth rate of the previous five years. The most serious decrease in the birth rates occurred in the Punjab, the United Provinces and Ajmer-Merwara where the people suffered most severely from the epidemic of malaria which occurred in the autumn of 1908. In all provinces, however, except the United Provinces, Coorg and Ajmer-Merwara the birth rates were higher than the death rates, the excess being much higher than elsewhere in the Central Provinces (18·54 per thousand) and Madras (11·3). In the United Provinces the death rate exceeded the birth rate by 4·02 per thousand, and in the small populations in Ajmer-Merwara and Coorg by 13·15 and ·57 per thousand respectively. The mean percentage of male to female births was 106·83; extremely high percentages were, as usual, registered in the North-West Frontier Province (121·4), Sind (130·42) and Ajmer-Merwara (116·52) and a low percentage was registered in Coorg (100·52); elsewhere the percentages ranged from 110 in the Punjab to 104·5 in Madras.

68. The total number of deaths registered was 6,998,044, compared with

**Deaths in British India.**

8,653,007 in 1908 and a quinquennial mean of 8,091,841. The death rate was 30·91 per thousand or 7·30 per thousand lower than in 1908 and 4·88 per thousand lower than the mean of the previous five years. The highest death rates were 50·94 in Ajmer-Merwara and 37·34 in the United Provinces, whence the effects of the disastrous autumn of the preceding year had not disappeared, elsewhere the rates ranged from 34·81 in Upper Burma to 26·57 in the North-West Frontier Province and 21·8 in Madras. In all provinces, except Eastern Bengal, Bombay, Upper Burma and Ajmer-Merwara, the death rates in 1909 were lower than in the previous year, and in most provinces the reduction was very large. In Eastern Bengal and Assam, Bengal, and the North-West Frontier Province, the mean death rates in the towns were lower than the mean death rates in the districts, elsewhere, the urban were higher than the rural death rates. In all provinces the numbers of deaths of males were larger than the numbers of deaths of females, and in all provinces, except the Punjab, the North-West Frontier Province, Ajmer-Merwara and Coorg, the death rates of males were higher than the death rates of females.

In India as a whole the highest death rate was recorded in the month of November, when also the highest mortality occurred in Bengal and Eastern Bengal and Assam. The lowest monthly death rate was registered in July,



in which month the lowest mortality occurred in the United Provinces, the Punjab and Ajmer-Merwara. In Madras, the United Provinces, the Punjab and the North-West Frontier Province the highest death rates occurred in January when there was much sickness owing to the malaria epidemic of the preceding autumn.

Cholera occurred in all provinces except Ajmer-Merwara, and death rates from cholera were in excess of 1 per thousand in Upper Burma (2·46), Eastern Bengal and Assam (2·40), Bombay (1·55), Bengal (1·12) and Madras (1·1). Small-pox occurred everywhere, the death rate ranging from ·79 in Eastern Bengal and Assam to ·03 in Ajmer-Merwara and in Coorg. No province was entirely free from plague although only one death was recorded in Eastern Bengal and Assam. The death rate in Ajmer-Merwara was 10·85 per thousand, the only other provinces where it was more than 1 per thousand were the Punjab (1·77), the Central Provinces (1·61), Bombay (1·32) and Upper Burma (1·20). The fever death rates, as usual, varied very greatly. The highest were 33·15 in Ajmer-Merwara and 30·94 in the United Provinces, while the lowest were 9·47 in Upper Burma, 9·44 in Lower Burma and 7·3 in Madras, the three provinces in which the death rates recorded under "all other causes" were highest. Dysentery and diarrhœa were most fatal, according to the registered figures, in the Central Provinces, where the death rate was 2·79 per thousand; the recorded death rates were much lower in the northern provinces than in the southern. Death rates ascribed to respiratory diseases varied largely in the several provinces; they were highest in Bombay (2·89), the Central Provinces (2·60) and the Punjab (2·22), lowest in Bengal (·29) and in Eastern Bengal and Assam (·15).

Calculated on the numbers of children born during the year the mean death rate of male infants was 260·72 and of female infants 226·57 per thousand. In all provinces, with the exception of Ajmer-Merwara, the death rates of male infants were the higher. The highest death rates of male and female infants were recorded in Ajmer-Merwara, elsewhere the rates for male infants ranged from 252·81 per thousand in Upper Burma to 184 in Madras, and for female infants from 240 per thousand in the United Provinces to 162·8 in Madras.

69. An abundant and generally well distributed rainfall, producing plentiful cheap food and replenishing the supplies of drinking water, had an excellent effect upon the public health, and the death rate of 1909 was nearly 6 per thousand less than the quinquennial mean.

**Bengal.**

Among the 50,528,446 persons who constituted the census population under registration in Bengal in 1909, there were registered 1,909,547 births, equal to a birth rate of 37·79 per thousand, compared with 36·09 in the previous year and a mean of 38·40 in the previous five years. The increase in the birth rates compared with those of 1908 was general save in the districts of the Patna division, Orissa and Chota Nagpur, where scarcity or unusual sickness or both occurred in 1908. The highest district birth rates were 50·07 per thousand in Champaran, 45·70 in Murshidabad and 45·01 in Monghyr, and, excluding the urban district of Calcutta, 22·90, the lowest rates were 31·88 in Burdwan, 30·69 in the Sonthal Parganas and 30·23 in Singhbhum. In only two towns were the birth rates over 50 per thousand, namely, Sahibganj—a small town in the Sonthal Parganas, 74·75, and Jamalpur 64·14; in both these towns the death rates were



also very high. The lowest urban birth rates were 9·84 in Barasat, 9·05 in Tittaghar and 8·29 in Barunipur, all small towns in the 24-Parganas. The percentage of male to female births ranged from 110 in Calcutta to 102 in Muzaffarpur, Darjeeling, the Sonthal Parganas and Palamau, the provincial mean being 105.

The recorded deaths numbered 1,543,971, and the death rate was 30·55 per thousand compared with 38·56 in 1908 and a mean of 36·39 in the previous five years. Both urban and rural death rates under all the principal headings, except small-pox and respiratory diseases (in towns), were generally lower than in 1908, and excepting Darbhanga, Bhagalpur and Muzaffarpur, all the district death rates were lower than the mean. The highest district rates were 42·15 per thousand in Darbhanga, 42·02 in Patna and 37·95 in Muzaffarpur, while the lowest were 22·52 in Midnapore, 21·40 in the 24-Parganas and 19·41 in Singhbhum. The mean death rate in rural areas was 30·68 per thousand compared with a mean of 28·66 in the towns. The highest urban rates were 65·49 recorded in Sahibganj, 58·70 in Jamalpur and 51·81 in Maniktala. In Sahibganj the death rates from cholera and fever were very high and in Jamalpur also cholera and fever were prevalent. In Maniktala, small-pox was epidemic, cholera was prevalent and the death rate from respiratory diseases was very high. Twenty towns—most of them small however, were free from cholera throughout the year. January was the healthiest month, measured by the death rate, and November the unhealthiest.

Christians died at the rate of 20·76 per thousand; Hindus and Muhammadans at the rates of 31·43 and 28·77, and Buddhists and "other classes" at the rates of 25·68 and 25·28, respectively.

Calculated on the births registered during the year, male infants died at the rate of 188·0 per mille and female infants at the rate of 173·3. Boys and girls between one year and five years of age died at the rates of 45·86 and 41·34 per thousand of the census populations at that age, respectively. In all age periods the male death rates were the higher, the means being 32·01 per thousand among males and 29·11 among females.

70. Among the population under registration which numbered 29,812,735

at the census of 1901, there were recorded

Eastern Bengal and Assam.

in 1909 a total of 1,206,417 births; and

the birth rate was 40·46 per thousand, lower by ·68 per thousand than the rate of 1908, but higher by 1·34 per thousand than the quinquennial mean. In discussing the causes of the higher birth rates of the last two years, the provincial Sanitary Commissioner draws attention to the improvement in registration that is taking place, and to the effect on the provincial and district birth rates of favourable health conditions in the year preceding that of a high birth rate. The highest district birth rates were 52·01, 48·22 and 47·33 per thousand recorded, respectively, in Malda, Goalpara and Dinajpur, while the lowest were 34·07 in Pabna, 30·36 in Lakhimpur, and 26·62 in Sibsagar. In rural areas the mean birth rate was 40·76 per thousand, compared with a mean of 26·72 in the towns, in which the rates ranged from 70·47 in Nawabganj and 43·82 in Barpeta, to 5·62 in Mangaldai and 2·10 in Jhalakati. The percentage of male to female births reached the high figure of 115 in Kamrup, in the other districts it varied between 109 in Chittagong and Pabna and 101 in Dinajpur.



The recorded deaths totalled 1,010,355, and the death rate, 33·89 per thousand, was considerably in excess of the five years' mean, 31·77, and the rate of the preceding year, 30·74. The greater part of the excess appears under the heading fevers, but there was a widespread epidemic of small-pox which was particularly prevalent in Rangpur, Bogra and Nowgong. Among the district death rates the highest were 43·29 in Goalpara, 42·90 in Darrang, and 42·08 in Pabna, while the lowest were 26·84 in Tippera and 24·89 in Mymensingh. The mean rural death rate was 34·11 per thousand, compared with 23·70 in the towns, among which the highest rates were 48·48, recorded in Sherpur (Bogra) where cholera and fevers were exceptionally prevalent, 36·46 in Jalpaiguri, and 36·41 in Cox's Bazar. In the small town of North Lakhimpur only three deaths were recorded, equal to a death rate of 2·0 per thousand. The lowest death rates occurred in July, September and October, the highest in November and December.

Muhammadans and Hindus died at the rates of 35·19 and 31·08 per thousand, respectively, and Christians and Buddhists at the rates of 26·28 and 22·13, while among "other classes" the rate was 49·08.

Male and female infants died at the rates of 199·96 and 184·27 per thousand of births registered during the year, respectively, and boys and girls over one year and under five years of age died at the rates of 48·79 and 43·22 per thousand of the census population at that age. At all age periods, save 15—20, 20—30 and 30—40, the death rates of males were higher than the death rates of females, the means being 34·89 and 32·85 among males and females, respectively.

71. The mean annual strength of the coolies employed on tea gardens in Assam during the year ending the 30th June 1910 increased from 747,812 to 757,076. Of the total labour force 36·68 per cent. were employed in the Surma Valley and 63·32 per cent. in the Assam Valley, against 36·76 and 63·24 per cent. in the previous year.

The birth rate for the year was 25·8 per thousand of the total population and 86·1 per thousand of the adult female population, compared with 22·7 and 75·1, respectively, in the previous year. The corresponding provincial ratios for the calendar year 1909 were 40·46 and 189·91 per thousand.

The registered death rate decreased from 34·3 to 28·4, the total number of deaths being 21,476. The provincial registered death rate for the year 1909 was 33·89 per mille.

The principal causes of death were dysentery (4,794), respiratory diseases (3,281), malarial fever (2,491), anæmia or anchylostomiasis (2,424), cholera (1,638) and diarrhœa (1,614). The death rate among coolies from each of the several recruiting areas showed a decrease.

Of a total of 734 gardens, 31 were brought on the unhealthy list as showing a death rate of over 70 per mille among either the Act or Non-Act labourers employed. In the preceding year 63 of the 733 gardens were declared to be unhealthy.

On the journey to the Assam Valley 45 coolies died against 75 in the previous year; 38 of these deaths were due to cholera. No death was reported among coolies travelling to the Surma Valley.



72. The births registered in 1909 numbered only 1,589,196 and the birth rate was 33·32 per thousand compared with 37·46 in the preceding year, and 41·35, the

United Provinces.

quinquennial mean. The fall in the birth rate was due to the malarious autumn of 1908, and the lowest monthly rates were recorded in May (2·23), June (1·60), July (1·59) and August (2·19). In September the rate rose to 3·14 and by December it had reached the maximum, 4·05. Among the districts, Gorakhpur (46·97), Bijnor (42·51) and Shahjahanpur (41·04) had the highest birth rates, and Dehra Dun (25·11), Sitapur (24·66) and Muttra (23·37) the lowest. The mean urban birth rate was 32·80 per thousand, specially high rates being recorded in Shahabad (49·81), Kashipur (47·16) and Bijnor (47·03) and exceptionally low ones in Brindaban, Naini Tal and Mussoorie. The mean percentage of male and female births was 108·70, the percentages ranging from 115·41 in Dehra Dun to 102·92 in Garhwal.

Under favourable climatic conditions and in the comparative absence of epidemics the number of deaths recorded fell from 2,514,761 in 1908 to 1,781,069 and the death rate from 52·37 per thousand to 37·34. Although the death rate was 5·45 per thousand lower than the five years' mean, it was 4·02 higher than the birth rate of the year, deaths being more numerous than births in three-fourths of the districts. The highest district death rate was 49·08 in Shahjahanpur and the lowest 26·63 in Dehra Dun. In rural areas the mean death rate was 37·33, the mean in the towns being 37·56; among the latter the highest rates were 67·63 in Balrampur, where the enormous rate of 58·18 per thousand was registered under fevers, 58·60 in Sahatwar, a small town in Ballia, which suffered severely from cholera and plague, and 55·21 in Mau, a town of 17,700 inhabitants in Azamgarh, in which cholera and plague were prevalent and there were 18 deaths from small-pox. One of the smallest urban death rates was recorded in Allahabad (17·12), in which the death rates under all disease headings were remarkably low.

The lowest death rates were recorded in June and July—the month in which the lowest birth rates were recorded, and the highest, in order, in January, October, November and December.

Christians and "other classes" died at the rates of 8·16 and 10·07 per thousand, respectively, and Muhammadans and Hindus at the rates of 34·37 and 38·02.

The death rates of infants and children in 1909 were not very much more than half of those of the preceding year. Male infants died at the rate of 243·1 and female infants at the rate of 240·0 per thousand born during the year, respectively; and boys and girls between one year and five years of age, died at the rates of 58·37 and 59·04 of the census populations at this age period.

At all age periods except 1—5, 15—20 and 20—30 the death rates of males were higher than the death rates of females, the mean death rates being among males 37·46 per thousand and among females 37·22.

73. Climatic conditions were favourable, the prices of foodgrains were comparatively low, and there was so great a demand

Punjab.

for labour in the Canal Colonies that wages were generally high. The ill-effects of the epidemic of malaria are apparent in the low birth rate, only 705,910 births were recorded equal to a rate of 35·1 per thousand, compared with 41·8 in 1908, and a quinquennial mean of 42·4. The highest district birth rate was 68·9 returned in Lyallpur, but in



that district the population has increased greatly since the census, and it is on the census figure that the rate is calculated. In the other districts the rates ranged from 43·5 in Shahpur to 28·0 in Dera Ghazi Khan and 19·4 in Simla. The percentages of male to female births varied between 121·4 in Dera Ghazi Khan and 117·9 in Montgomery and 105 in Kangra, the provincial mean being 110.

The number of deaths recorded totalled 621,083, and the death rate was 30·9 per thousand, nearly 20 per thousand lower than in 1908 and 18·4 per thousand less than the five years' mean. The low death rate was attributable to the great diminution in the prevalence of fever and the comparative freedom of the province from plague, for, although cases were more numerous than in 1908, their number was inconsiderable in comparison with those recorded in the epidemic years of the quinquennium. The district death rates ranged from 39·6 per thousand in Delhi to 23·9 in Jullundur. In rural areas the mean death rate was 30·48 per thousand compared with 34·62 in the towns, in which death rates ranged from 73·32, in a tiny municipality in the Gujranwala district in which cholera and plague occurred to swell the enormous death rate registered under fever, and 56·88 in Multan in which plague was epidemic, to 10·34 in Dharmasala and 4·11 in Khangah Dogran, a small town in Gujranwala. The highest death rates occurred in January, December and November, the lowest in July and August.

Muhammadans died at the rate of 31·75 per thousand, Hindus at the rate of 29·81 and Christians at the rate of 47·62.

Calculated upon the number of children born during the year, the death rate of male infants was 227·5 and of female infants 230·8 per thousand. Boys and girls between one year and five years of age died at the rates of 46·45 and 47·98 per thousand of the census populations, rates which are considerably less than half of those of the preceding year. Except in infancy and after 40 years of age, the death rates of females in the several age periods were higher than those of males, the mean death rates were 30·3 per thousand among males and 31·6 per thousand among females.

74. The number of registered births declined from 71,181 in 1908 to 66,111 and the birth rate from 37·3 to 34·7 per thousand, or 2 per thousand less than the quinquennial mean. The district birth rates varied between 42·0 per thousand in Hazara and 28·7 in Dera Ismail Khan. The percentage of male to female births ranged from 136·5 in Peshawar to 110·2 in Hazara, the provincial mean being 121·4.

The number of deaths recorded was 50,691, nearly 18,000 fewer than in 1908, and the death rate was 26·6 per thousand compared with 35·8 in that year and a quinquennial mean of 32·8. In the districts the rates ranged from 30·2 in Dera Ismail Khan to 24·5 in Hazara. The rural death rate, 26·57 per thousand, was rather higher than the mean death rate in the towns, 25·07. The highest death rate occurred in the first and last quarters, the rates from April to September being very low.

Muhammadans died at the rate of 27·3 per thousand, and Hindus who number about one-fourteenth of the Muhammadan population, at the rate of 19·5.

Calculated on the numbers born, male and female infants died at the rates of 200·3 and 190·9, respectively; and boys and girls between one year and five years



of age at the rates of 34·4 and 33·2 per thousand of the census population. At all age periods save in infancy and childhood, females died at a greater rate than males, the death rate among males and females, respectively, were 26·5 and 26·7 per thousand.

75. The total rainfall was in slight defect, but the rain was well distributed and seasonal, and save in the districts of Wardha,

Central Provinces.

Chanda and Akola, the food supplies were

abundant. The year was unusually healthy, and the death rate the lowest since 1905. The registered births totalled 617,987 and the birth rate was 51·63 per thousand compared with 52·84 in 1908 and a quinquennial mean of 53·01. The fall in the birth rate was due to lower rates being recorded in the northern districts in which there was some scarcity in 1908. The highest district birth rate was 59·22 per thousand in Chanda, and the lowest 38·69 in Narsinghpur. The percentage of male to female births ranged from 107·89 in Nagpur to 100·81 in Drug, the provincial mean being 104·77.

Cholera, small-pox, fevers, bowel complaints and plague were all less prevalent than usual and the number of recorded deaths fell from 457,081 in 1908 to 396,135, and the death rate from 38·12 per thousand to 33·09, or 5·58 per thousand less than the five years' mean. In the districts the death rates ranged from 45·06 in Nagpur to 25·11 in Mandla. The mean death rate in rural areas was 32·38 compared with 39·30 in the towns in many of which plague was epidemic. The highest town death rates were 89·78 in Nagpur, including rates of 57·09 from plague and 4·77 from respiratory disease, 68·86 in Barsi Takli, including 36·90 from plague, and 64·19 in Chikhli, including 43·47 from plague. It is noteworthy that in some of the towns in which the death rates from plague were exceptionally high, the fever death rates were exceptionally low; thus, in Nagpur the fever death rate was 4·70, in Barsi Takli it was 3·97 and in Chikhli 3·06.

Muhammadans died at the rate of 36·76 and Hindus at the rate of 29·03 per thousand, respectively. The death rates in the early part of the year were all low, particularly in April, from June onwards the monthly rates began to rise to a maximum in October, when they fell to the end of the year.

Male infants died at the rate of 237·93 and female infants at the rate of 205·19 per thousand born during the year.

76. The number of births registered was 1,215,717 and the birth rate was 33·1 per thousand compared with 32·4 in 1908, and a quinquennial mean of 31·4.

Madras.

The rise in the birth rate which was specially noticeable in Malabar and South Canara is ascribed by the provincial Sanitary Commissioner to an improved state of the public health and more accurate registration. Among the districts, the highest birth rates were 39·2, 38·6 and 38·5 registered in Malabar, Chingleput and Guntur, respectively, and the lowest were 26·3, 26·1 and 26·0 in Nellore, Cuddapah and Vizagapatam. The mean percentage of male to female births was 104·5, the percentages varying in the districts between 107·7 in Madras and 101·9 in Cuddapah.

There were large reductions in the numbers of deaths registered under the headings cholera, fevers and dysentery and diarrhoea, the total number of recorded deaths falling from 960,919 in 1908 to 801,556. The registered death rate was only 21·8 or 4·4 per thousand below the rate of the previous year and



2·6 per thousand below the five years' mean. Excluding the town district of Madras, where the death rate was 38·3 per thousand, the district rates ranged from 29·1 in the Nilgiris to 17·2 in Madura. In rural areas the mean death rate was 21·2 against a mean of 26·4 in the towns.

Muhammadans and Hindus died at the rates of 23·1 and 21·9 per thousand, respectively.

The lowest death rates were registered in April, May and June, the highest in January and December.

Calculated on the numbers born during the year the death rate of male infants was 184·0 per thousand and of female infants 162·8. Boys and girls between one year and five years of age died at the rates of 26·8 and 25·3 per thousand of the census populations. At all age periods except those between 10 and 30 years, the male death rates were the higher, the mean death rates being 22·7 per thousand among males and 21·0 per thousand among females.

77. The births registered in this small province numbered 4,981 and the birth rate was 27·58 per thousand compared with a five years' mean of 24·28. In the districts Coorg. the birth rates ranged from 38·43 in Padinalknad *taluk* to 20·22 in Yedinalknad *taluk*, the mean percentage of male to female births being 100·52. Deaths numbered 5,084 and the death rate which averaged 30·44 in the previous five years, fell to 28·15 per thousand, the rates in all districts ranging from 37·31 in Nanjarajpatna *taluk* to 22·69 in Yedinalknad *taluk*. In rural areas the mean death rate was 26·49 compared with 46·17 in the towns, in which the rates were all very high ranging, with the exception of Kodlipet where the death rate was 29·25 per thousand, from 62·10 in Virajendrapet to 40·10 in Mercara. Male and female infants died at the rates of 233·48 and 212·56 per thousand born, respectively. In the age periods between 5 and 30 the death rates of females were higher than those of males, the mean rates being 28·12 per thousand among males and 28·19 among females.

78. The number of births registered was 657,685 and the birth rate was 35·59 per thousand, very slightly lower than the rate recorded in the previous year 35·72, but 1·44 per thousand higher than the five years' mean. In all districts, except Bombay City, Hyderabad and Larkhana, the recorded birth rates were higher than the death rates, the excess for the whole province being at the rate of 8·21 per thousand. In Bombay proper most of the district birth rates were high, and excluding Bombay City (20·39) ranged from 54·36 in West Khandesh and 48·33 in Broach to 31·44 in Kanara. In all the Sind districts registration is apparently neglected and the birth rates were low, varying between 25·42 in Karachi and 14·65 in Hyderabad. The provincial mean percentage of male and female births was 107·98, the district rates in Bombay proper ranging from 112·79 in Ahmedabad to 102·27 in Dharwar and 102·20 in Bombay City; and in Sind from 142·39 in Hyderabad to 118·59 in Karachi.

The recorded deaths totalled 505,936, and the death rate was 27·38 per thousand compared with 27·15 in 1908, and a quinquennial mean of 33·65. In only two districts were the death rates over 35 per thousand, Ahmedabad 35·68 and Bombay City 35·95. In the remaining districts the rates ranged from 33·95 in Nasik to 14·85 in Upper Sind Frontier. In rural areas the mean



death rate was 25·80 compared with a mean of 34·82 in the towns in which the mean rates recorded under all headings except fever were higher than in the rural areas.

Among the six "sects" into which the population of Bombay is divided, by far the highest death rate was 51·10 registered for "other classes." Hindus died at the rate of 28·82, Christians and Muhammadans at the rates of 22·24 and 22·09, and Parsis and Jains at the rates of 21·90 and 20·98, respectively.

The highest death rate occurred in April, the lowest in December.

Calculated on the registered births, male infants died at the rate of 187·60 and female infants at the rate of 172·71 per thousand. Boys and girls over one year and under five years of age died at the rates of 47·28 and 46·30 per thousand of the census populations at those ages. Except in the age periods between 5 and 30, males died at higher rates than females, the means being 27·74 and 26·98 per thousand among males and females, respectively.

79. The total number of births registered was 196,179, and the birth rate was 35·27 per thousand, or 1·21 per thousand higher than in 1908 and 2·05

Lower Burma.

higher than the five years' mean. The increase is no doubt largely due to improving registration, but it is evident that the registration of births in Burma is still very defective. The highest district birth rates were 47·75 recorded in Tavoy, 47·01 in Mergui and 44·15 in Thayetmyo in which the infantile death rates were 110·7, 127·8 and 275·3 per thousand born respectively. The lowest rates, excepting 20·24 in the urban district of Rangoon, were 31·49 in Kyaukpyu, 28·13 in Maubin and 27·46 in Bassein. The mean birth rate in rural areas was 36·59 per thousand compared with 26·18 in the towns. The percentages of male and female births ranged from 109 to 102 in the Arakan districts of Akyab and Sandoway, respectively, the provincial mean being 107.

The deaths registered totalled 154,009 and the death rate fell from 28·06 per thousand in 1908 to 27·70 which is 1·85 per thousand higher than the quinquennial mean. Excluding the urban district of Rangoon in which plague (2·81) and respiratory diseases (6·26) contributed largely to the death rate of 39·63 per thousand, the highest district death rates were 37·62 in Thayetmyo, 34·73 in Pegu and 32·70 in Prome; while the lowest were 21·11 in Akyab and 18·98 in Kyaukpyu. In rural areas the mean death rate was 25·92 per thousand, more than 10 per thousand less than the mean urban rate, 39·97. In most of the towns cholera and plague were more or less prevalent, notably in Pegu, Prome and Gyobingauk where the heaviest mortality occurred.

Hindus died at the rate of 29·19, Muhammadans at the rate of 22·56 and Burmese at the rate of 27·77 per thousand, respectively.

Calculated on the births registered during the year, male infants died at the rate of 234·54 per thousand and females at the rate of 193·21. Boys and girls between the age of one year and five years died at the rate of 29·70 and 27·08 of the census populations. The mean death rate among males was 28·97 and among females 27·04 per thousand, the death rate of males being the higher in all age periods except 30—40.

80. Birth registration has been in force only since 1907 and is stated to be

Upper Burma.

very defective, but the 110,628 births registered calculated on the census population yield a birth rate of 37·10 per thousand, which is ·78 per thousand higher than the rate



## WITH THE GOVERNMENT OF INDIA FOR 1909.

recorded in 1908, and 1·83 higher than the birth rate of the older province. In the districts the rates varied from 42·80 in Shwebo to 29·83 in Minbu, the mean percentage of male to female births being 105.

The registered deaths totalled 103,793, and the death rate rose from the five years' mean of 24·42 per thousand and a rate of 28·52 in 1908 to 34·81, the increased mortality being registered under most of the disease headings. Among the districts the death rates ranged from 53·95 in Kyaukse and 49·88 in Mandalay, in both of which cholera was prevalent, to 26·71 in Meiktila. The rural mortality was 33·22 compared with a mean of 47·55 in the towns. The lowest death rate occurred in March, April and May and the highest in July and August.

Among the various classes the highest death rate occurred among the small Hindu population, 46·13 per thousand, the next highest rate was among the Muhammadans, 39·56, followed by 34·70 among the Burmese and 26·0 among Christians.

Calculated upon the number of births registered during the year, male infants died at the rate of 252·81 per thousand and female infants at the rate of 220·63. Boys and girls over one year and under five years of age died at the rates of 44·41 and 41·92 per thousand of the census populations, respectively. At all age periods except 20—30 the death rates of males were higher than the death rates of females, the mean rates for the sexes being 36·94 and 32·88 per thousand among males and females, respectively.

81. In Ajmer-Merwara the number of births registered was 18,021, and the birth rate was 37·78 per thousand compared with 42·48 in 1908 and 34·69, the five years' mean. In Merwara the birth rate fell from the high rate of 54·13 in 1908 to 47·19 and in Ajmer from 39·02 to 35·0. The percentages of male to female births were 113·42 and 117·79, respectively. The recorded deaths reached the high total of 24,292 and the death rate rose from 32·74 per thousand, the quinquennial mean, and 40·03 in 1908 to 50·94. In Ajmer the death rate was 55·93 and in Merwara it was 34·11. In rural areas the mean rate was 42·95, but in the towns in which plague was epidemic the mean was 72·34—the rate in Ajmer town being 74·68 and in the suburbs 124·28.

The death rate among Muhammadans was 62·90 and among Hindus it was 51·74.

Among infants the recorded death rate of males was considerably lower than that of females, the figures being 253·14 and 263·49 per thousand born, respectively. Boys and girls between the ages of one year and five years died at the high rates of 105·84 and 109·47 per thousand of the census populations, respectively. In all age periods up to 40 years the female death rates were higher than the male death rates, the means of the sexes being 48·45 per thousand among males and 53·70 among females.



## SECTION VI.

### GENERAL POPULATION.

#### HISTORY OF THE CHIEF DISEASES.

82. The accompanying table shows at a glance the number of deaths, and

Years.	Cholera.	Small-pox.	Fevers.	Dysentery and Diarrhœa.	Plague.	All causes.
1905	441,786	70,962	4,417,655	264,124	940,821	8,117,771
	1'96	'31	19'57	1'17	4'17	35'96
1906	690,519	109,583	4,452,842	298,117	300,355	7,852,330
	3'05	'48	19'63	1'32	1'33	34'73
1907	408,102	103,988	4,464,881	282,191	1,166,223	8,399,623
	1'81	'46	19'76	1'25	5'16	37'18
1908	591,725	170,694	5,424,372	285,921	113,888	8,653,007
	2'61	'75	23'96	1'26	'50	38'22
1909	239,231	101,152	4,487,492	216,956	145,333	6,998,044
	1'05	'45	19'82	'96	'64	30'91

the death rates per thousand of population recorded in British territory in India during each of the five years from 1905 to 1909. On comparing the figures for the year under review with those for the previous year it will be seen that there was a very great decrease in the

number of deaths attributed to fevers and to cholera, a considerable decrease in the number attributed to small-pox and dysentery and diarrhœa, and a slight increase in the number attributed to plague. The total deaths recorded in British territory from all causes taken together were fewer by 1,654,963 than in 1908. The chief causes of the unusually low death rates in 1909 have already been mentioned in Section V, and here it need only be remarked that as regards cholera we have to go back five years (to 1904), as regards dysentery and diarrhœa 16 years (to 1893) and as regards small-pox four years (to 1905) to find death rates that are lower than those of the year under review. The death rate under the heading "fevers" would also have been unusually low if it had not been that in some provinces the effects of the terrible autumnal epidemic of malaria in 1908 continued to be felt during the early months of 1909.

83. The number of deaths from cholera recorded in British territory in India during 1909 was 239,231, equal to a death rate

Cholera in India in 1909. Appendix A to Section VI.

of 1'05 per thousand of the total population under

registration. The number was considerably less than half the number recorded in 1908, every province except Bombay, Eastern Bengal and Assam and Upper Burma sharing in the decrease. In Bengal, the United Provinces, and the Madras Presidency, where the disease was severely epidemic during 1908, the decline in prevalence was remarkable, the deaths in those three provinces amounting to only about 118,000 as compared with nearly 500,000 in the previous year. The highest death rate from the disease was recorded in Upper Burma (2'46 per thousand), the next highest (2'40) in Eastern Bengal and Assam, and the next (1'55) in the Bombay Presidency. For India as a whole April was the month of greatest prevalence and this applies also to Bengal, Eastern Bengal and Assam, and Bombay. In the United Provinces the disease was chiefly prevalent from June to October, in the Central Provinces from May to September, and in the Madras Presidency from January to March.

84. In Bengal the number of deaths recorded as due to cholera was 56,711 which is the lowest number since 1880. The death rate was only 1·12 per thousand of population as compared with 5·32 in the previous year. No district was entirely free from the disease but in every district except Bhagalpur its prevalence was much less than in 1908. The highest mortality was recorded in the Jessore district where the disease prevailed severely from March to May and again during November and December. The exacerbation at the end of the year was thought to be connected in some way with the pollution of water-supplies during a severe cyclonic storm in October. The towns in which the highest death rates were recorded were Sahibganj in the Sonthal Parganas district (19·97) and Roserha in the Darbhanga district (11·51); in rural areas the highest death rate (9·98 per thousand) was recorded in Lohagara in the Jessore district. The rates compared very favourably with those of 1908.

The treatment of wells with permanganate of potash, was, as usual, carried out in districts and towns where cholera prevailed. In the district of Saran 1,680 wells were treated, in the district of Bhagalpur about 550 and in the districts of Monghyr and Cuttack over 200 in each. It is said that the people generally appreciate the measure.

85. The number of deaths attributed to cholera in Eastern Bengal and Assam during 1909 was 71,737, equal to a ratio of 2·40 per thousand of the population, as compared with 59,329 deaths or a ratio of 1·99 in 1908. The curve of monthly deaths showed a double rise, the first during March, April and May, the second during October to December. These epidemic rises indicate for this province the usual seasonal incidence of the disease, which is thought to depend upon the rise and fall of the great rivers. The highest death rates in districts were recorded in Faridpur, Bogra, and Dacca, and the highest in towns were recorded in Sherpur, Pirojpur and Madaripur. No district was entirely free from the disease, but in six of the 54 towns no death from it was reported. Deaths were reported from all except nine of the 242 rural circles, the highest rate (11·99 per thousand) being recorded in the Nalitabari circle of the Mymensingh district.

The death rate from cholera among the tea garden population in Assam was only 2·53 per thousand as compared with 5·34 in 1908, the lower mortality being attributed chiefly to a great decrease in the number of immigrant coolies.

86. The number of deaths recorded from cholera in the United Provinces was only 21,823 as compared with 83,544 in 1908, the death rates in the two years being respectively ·46 and 1·75. During January and February 33 of the 48 districts were entirely free from the disease but in March deaths were reported from 22 districts, in April from 36, and in June from 43. The disease remained widespread until the end of October, but except in a few districts its prevalence was not very great. The highest death rate recorded in districts was 4·04 per thousand in Garhwal and the next highest 3·06 in Almora. It is said that the disease was imported into these and other hill districts by pilgrims returning from the Adhkumbh fair at Hardwar. Among the 105 towns with a population of 10,000 and upwards there were 39 in which no death from



cholera was reported and there were 32 in which the number of deaths did not exceed ten. The highest death rate in any town was 18·73 per thousand in Sahatwar and the next highest 9·38 in Bansdih. Both these towns are in the Ballia district. The urban mortality was at the rate of ·64 per thousand as compared with the rural mortality rate of ·44 per thousand.

87. In the Punjab the total number of deaths recorded as due to cholera was only 1,513 (·08 per thousand of population) as compared with 12,297 (·61) in 1908. The disease was, as usual, confined almost entirely to the months from April to September, being chiefly prevalent during May and June. Its origin in April was attributed to importation by pilgrims returning from Hardwar and the history of the earliest cases that occurred in a number of districts supports that view. The area affected by the disease was small, deaths being reported from only 183 among the 32,834 towns and villages in the province. The highest death rate in any district was only ·67 per thousand in Karnal and the next highest ·29 in Hissar. The largest number of deaths recorded in any town was 58 in Amritsar.

88. In the North-West Frontier Province only 134 deaths from cholera were recorded during 1909 as compared with 2,845 in 1908. The disease prevailed almost exclusively in the Dera Ismail Khan district during July and August.

89. In the Central Provinces and Berar 7,687 deaths were attributed to cholera as compared with 9,048 in the previous year. On the census population of 1901 the ratios work out to ·64 and ·76 per thousand, respectively. The disease prevailed chiefly from May until the end of September, August being the month in which most deaths were reported. No death from the disease was recorded in five of the 24 districts. The highest death rate in districts was 2·04 per thousand in Buldana and the next highest 1·78 in Akola. It is said that the district of Buldana became infected by pilgrims from Nasik and Benares. The largest numbers of deaths in towns were 99 in Arang in the Raipur district, 70 in Kamptee in the Nagpur district, and 67 in Malkapur in the Buldana district. The chief measures adopted in infected places were the treatment of sources of water-supply with permanganate of potash and the distribution of medicines by the vaccination staff and the police.

90. In the Madras Presidency in 1909 there were 39,424 deaths recorded as due to cholera, giving a ratio of 1·1 per thousand of the population as compared with a total of 141,970 and a ratio of 3·9 in 1908. In this Presidency cholera is, as a rule, most prevalent during the monsoons from June to December, but in 1909 the rainfall was unusually heavy from January to March and these were also the months in which cholera was most prevalent. From April until the end of the year the number of deaths recorded each month varied only very slightly. The districts with the highest death rates from the disease were Trichinopoly, Salem and Coimbatore, but 2·6 per thousand of population was the highest rate in any district. The highest death rates in towns were 17·2 per thousand in Palni and 11·6 in Rameswaram both in the Madura district. It is stated that in places where the inhabitants obtain their drinking water from wells the



use of permanganate of potash has been found to be an efficacious method of preventing cholera.

91. In the Bombay Presidency there were recorded as due to cholera 28,714 deaths, equal to a ratio of 1·55 per thousand of the population, as compared with only 1,759 deaths or a ratio of ·09 in 1908. The disease was most prevalent from April until the end of August, nearly 90 per cent. of all the deaths occurring during those months. The widespread character of the epidemic is shown by the fact that deaths from the disease were recorded in 218 of the 270 registration circles in the collectorates affected. The highest death rates in districts were 5·20 per thousand in Belgaum, 3·22 in Bijapur and 2·78 in Nasik, and in towns the highest rates were 24·15 per thousand in Nasik and 12·02 in Hubli. It was the general opinion that the spread of the disease was largely aided by the movement of the people in connection with religious fairs and particularly in connection with the great Sinhast fair at Nasik, which lasted from July 1908 until August 1909. It is said that steps have been taken to improve the sanitary conditions at this religious festival so that in future it may not prove so great a source of infection. The danger of "step wells" which are very common in villages on the roads frequented by pilgrims is an important matter to which attention is directed in the reports of several Deputy Sanitary Commissioners and the recommendation is made that all such should be converted into "draw wells." The results of a series of experiments carried out by the Deputy Sanitary Commissioner of the Southern Registration District during the year tended to show that permanganate of potash when used according to the instructions prescribed for village officers will effectively purify a well that has been contaminated with the cholera vibrio.

92. In Lower Burma during 1909 there were recorded as due to cholera 4,041 deaths, as compared with 9,336 deaths in the previous year, and in Upper Burma 7,348 deaths were recorded as compared with 2,575. In Lower Burma the districts of the Irrawaddy division were chiefly affected, April and May being the months of greatest prevalence. In Upper Burma every district was affected and July and August were the months of chief prevalence. The highest death rates in districts were 7·22 per thousand in Kyaukse and 3·82 in Mandalay both in Upper Burma and the highest in towns 10·68 in Pyapon, 10·28 in Kyaiklat, and 9·34 in Wakema all in the Irrawaddy division of Lower Burma. With regard to the prevention of the disease the provincial Sanitary Commissioner notes that wherever possible wells have been permanganated and that in certain places something has been done by the repair of surface wells and the use of tube wells to limit the risks caused by the careless habits of the people.

93. No death from cholera was recorded in Ajmer-Merwara during 1909, but in Coorg 99 deaths from the disease were reported, the ratio per thousand of the population being ·55 as compared with ·63 in 1908.

94. From the marginal statement in the first paragraph of this section it will be seen that in British territory in India the death rate from small-pox fell from ·75 per thousand of population in 1908 to ·45 in 1909. The latter was also the mean ratio for the

Small-pox. Table I of Appendix B to Section VI.

Cholera in the Bombay Presidency.  
Cholera in Burma.  
Cholera in Ajmer-Merwara and Coorg.



quinquennial period from 1904 to 1908. The total number of deaths was 101,152 against 170,694 in 1908 and 103,988 in 1907. The death rates were lower than in 1908 in all provinces except Bengal, Eastern Bengal and Assam, and the Bombay Presidency, the decrease, as regards the chief provinces, being greatest in the Punjab. The death rate in towns was '63 per thousand as compared with '43 in rural areas. The deaths of children amounted to 53'15 per cent. of the total number of deaths from this cause.

In Bengal the mortality from small-pox has increased each year since 1906, and in 1909 it rose to 38,609 ('76 per thousand) as compared with 35,966 ('71) in 1908. Excluding the mortality in towns, the highest death rate in any district was 2'53 per thousand in Howrah, but if the mortality in towns is included the district of Calcutta, with a rate of 4'46, stands first and Howrah, with a rate of 3'40 stands next. In Calcutta the disease broke out in epidemic form during the last week of December 1908 and the epidemic prevailed with severity until the end of May 1909. In the province as a whole, April was the month of greatest prevalence. The mortality among infants and children was considerably less than in the previous year.

In Eastern Bengal and Assam the deaths of 23,604 persons were attributed to small-pox during 1909, as compared with only 9,373 during 1908, the ratios per thousand of the population for the two years being '79 and '31, respectively. It is said that the increased prevalence was due to the constant importation of cases from Calcutta. The districts chiefly affected were Rangpur, Bogra, Nowgong, Darrang and Dinajpur. The provincial Sanitary Commissioner notes that Rangpur, Bogra and Dinajpur are the worst vaccinated districts in the province. The disease chiefly prevailed, as usual, from February to August, and April and May were the months in which there were most deaths from it. Deaths were reported from 37 of the 54 towns. Considerable opposition to vaccination still exists even in some of the towns.

In the United Provinces there were only 5,907 deaths recorded from small-pox against 59,996 in 1908, the death rate being only '12 per thousand against 1'26. The highest death rate in districts was 1'06 per thousand in Mirzapur. Eight districts were free from the disease and in 20 others the number of deaths did not exceed ten. The highest death rate in towns was 2'70 per thousand in Ahraura in the Mirzapur district.

In the Punjab 3,352 deaths from small-pox, equal to a rate of '17 per thousand, were registered in 1909, as compared with 28,652 deaths and a rate of 1'42 in 1908. The death rate for the year under review is the lowest since 1892. In 73 of the 134 towns no death from the disease was reported. The highest death rate in districts was '70 per thousand in Mianwali and the highest in towns 4'25 per thousand in Zira, a small town, where the Vaccination Act is not in force. The death rate in towns to which that Act has been applied was only '05 per thousand as compared with '19 in the remaining towns.

In the North-West Frontier Province the number of deaths recorded as due to small-pox was 611 (32 per thousand of the population) as compared with 734 ('38 per thousand) in 1908. All except 60 of the deaths were of children under ten years of age.

In the Central Provinces and Berar there were 4,155 deaths recorded from small-pox as compared with 9,044 in 1908, the death rate being '35 per thousand as compared with '75. In three of the 24 districts no death from the disease



was reported and the highest district death rate was 1·20 per thousand in Bilaspur. In one or two districts an increase in the recorded deaths from measles and chicken-pox is said by the provincial Sanitary Commissioner to throw some doubt on the accuracy of the small-pox statistics for those areas.

In the Madras Presidency small-pox accounted for 18,862 deaths (·5 per thousand of population) against 22,204 (·6 per thousand) in 1908. All the districts were more or less affected, the highest death rate recorded being 2·0 in Vizagapatam. In the remaining 21 districts the rate was below 1 per thousand. The urban death rate was only ·3 per thousand against ·5 in rural areas, as a result, it is said, of compulsory vaccination in municipalities.

In the Bombay Presidency the number of deaths from small-pox recorded during 1909 was 5,019 against 2,526 in the previous year and the death rate was ·27 per thousand against ·14. The disease was chiefly prevalent in the Western and Central Registration Districts. The highest death rate in districts was 1·01 in East Khandesh and the highest in towns 5·67 in Nasirabad. Poona, Nandurbar, Ahmedabad and the City of Bombay were also severely affected. It appears that in some districts opposition to vaccination is increasing.

In Burma only 1,011 deaths from small-pox were reported during 1909 against 1,298 during the previous year, 2,882 during 1907 and 8,540 during 1906. The highest mortality occurred during April, May and June. In the towns of Rangoon, Mandalay and Pegu the disease was somewhat severely prevalent.

In Ajmer-Merwara 16 deaths from small-pox were recorded during 1909, and in Coorg six deaths.

95. In November and December 1908 the mortality from plague remained at a low level and the prediction was therefore made that the year 1909 would experience a comparatively mild epidemic. This prediction was fulfilled for although the number of deaths recorded throughout the country rose from 156,480 in 1908 to 178,808, this number was, with the exception of the number in that year, the smallest since 1900.

In the British provinces the number of plague deaths registered was 145,333 which is about three-fifths of the number recorded under cholera and about half as many again as the number recorded under small-pox. The course of the epidemic presented the disquieting feature of a return to the seasonal prevalence which characterized the epidemics from 1901 to 1904. During the first half of the year the maximum monthly mortality was attained in March, but the fall from April to July (which was, as usual, the month with fewest deaths) was neither so rapid nor so marked as in 1908. During the second half of the year the mortality rose steadily each month and of all the months of the year December was the one in which most deaths were recorded, the rise as compared with March being 28,734 deaths against 18,473. In the Native States the number of deaths aggregated only 33,475 which is less by about 9,000 than the number recorded in 1908, the decrease during the five early months of the year more than counterbalancing the increase during the four last months.

The mean death rate from plague in the British provinces was ·64 per thousand against ·50 in 1903 and 5·16 in 1907. As compared with 1908 the prevalence of the disease increased in the United Provinces, the Punjab, the Central Provinces, the Madras Presidency, Upper Burma and Ajmer-Merwara.



In the City of Calcutta the mortality rose from 1,779 to 2,117 and in Bombay it fell from 5,348 to 5,186. In Madras three deaths were recorded as compared with two in 1908.

96. The following statement embodies the chief conclusions which have been provisionally reached by the Advisory Committee for Plague Investigation in India as the result of the investigations made under their direction from 1905 to 1909 into the mode of spread of plague in India—

Recent investigations.

“(1) Considerable epidemics of human plague consist almost entirely of cases of bubonic plague and are directly dependent on the occurrence of epidemic plague in rats. The development of the rat epidemic precedes the human epidemic by an interval of about a fortnight. There is no evidence that any animals except rats play an important part in plague epidemics.

(2) *Epidemic plague in rats.*

- (a) Rat fleas which have sucked the blood of a plague-infected rat can transmit the disease to healthy rats to which they are transferred. The plague bacilli multiply in the stomach of the flea, and the flea may be still capable of conveying infection three weeks after having imbibed plague-infected blood.
- (b) If plague-infected rats are kept in close confinement along with healthy rats, no epidemic of the disease occurs in the absence of fleas. In the presence of rat fleas the disease spreads from the infected to the healthy animals, and the rapidity and severity of the epidemic so produced is in proportion to the abundance of rat fleas.
- (c) Rats may be infected by feeding them upon the bodies of other rats dead of plague. The distribution of the lesions in the bodies of naturally-infected rats corresponds with that in rats experimentally infected by means of fleas and not with that in rats infected by feeding.

The Committee, therefore, conclude that *in nature plague is spread among rats by the agency of rat fleas.*

(3) *Epidemic plague in man.*

- (a) Bubonic plague is not directly infectious from man to man, as is shown by the experience of plague hospitals, where there is no tendency for the disease to spread from the sick to the attendants.
- (b) Material epidemics of plague in man are always associated with epidemic plague in rats. Epidemic plague among rats provides a large number of infected rat fleas, and, owing to the mortality among the rats, brings these fleas on to human beings.
- (c) Rat fleas (*pulex cheopis*) bite human beings, especially in the absence of their natural host.
- (d) Rat fleas containing plague bacilli and found capable of transmitting plague to animals may be caught in plague-infected houses.

- (e) Animals susceptible to plague (guinea-pigs, monkeys) placed in plague-infected houses if unprotected from fleas may contract the disease; whereas such animals under the same circumstances remain free from plague, if protected from fleas.
- (f) The Commission have also performed numerous experiments with a view of testing other possible modes of infection, and have found that--
  - (i) In the absence of fleas no epidemic resulted when animals susceptible to plague (guinea-pigs) were kept in close contact with infected animals, although the animals took their food off floors grossly contaminated by the excreta of their infected companions.
  - (ii) Susceptible animals (guinea-pigs) caused to live upon and feed off floors artificially saturated with plague cultures failed to contract the disease.
  - (iii) The excreta of plague-infected patients may contain plague bacilli, but the bedding, etc., of plague patients soiled with excreta containing plague bacilli was not found to be infective to highly susceptible animals caused to live in and upon the bedding.

The Committee, therefore, consider that *in the great majority of cases during an epidemic of plague man contracts the disease from plague-infected rats through the agency of plague-infected rat fleas.*

(4) *The seasonal recurrence and spread of plague.*

- (a) The Committee has obtained no evidence that under ordinary conditions the plague bacillus survives for more than a few days outside the bodies of men, animals or fleas.
- (b) In large towns plague may persist throughout the year, since a few cases of acute plague in men and rats occur during the non-epidemic season.
- (c) In villages there is no satisfactory evidence that such persistence is of other than exceptional occurrence, and it seems probable that the recurring annual epidemics in such places are due in most cases to fresh importation of the infection.
- (d) There is no evidence that plague infection is carried for more than short distances by the spontaneous movement of rats. Plague appears to be commonly imported into a fresh locality about the persons of human beings, though the transference of infected rats and fleas in merchandise must be considered.
- (e) In districts which suffer annual epidemics of plague, the rat epidemic, on which the human epidemic depends, occurs during some part of that season when the prevalence of fleas is greatest."

97. In Bengal plague has been diminishing for several years and in 1909 the deaths recorded from it amounted to only 11,779 as compared with 15,948 in the previous year.

Plague in Bengal.

Deaths from the disease occurred in each month of the year and there was as usual a considerable rise in the number recorded during March, but the chief feature of the incidence was an unusually high incidence in December,



namely 3,071 deaths as compared with 2,343 in March. In thirteen districts no death from the disease was recorded and Monghyr was the only town in which it prevailed severely. Evacuation was the most popular of the many methods employed against the disease and was readily resorted to by villagers when plague appeared. Rat destruction was carried out in nearly all the plague infected districts and it is said that the people have begun to realize the advantages of that measure.

98. Eastern Bengal and Assam remained, as usual, free from indigenous plague during 1909 and only two imported cases were reported. The Plague Research Commission has begun to investigate the problem of the immunity of this province from the epidemic.

99. In the United Provinces the number of deaths recorded as due to plague during 1909 was 38,394 against 22,878 in the previous year. The figures give death rates of .80 and .48 per thousand, respectively. There was, as usual, a considerable rise of mortality in March, but, as in Bengal, the chief rise occurred in December when the deaths numbered 14,230 as compared with 4,384 in March. The districts chiefly affected were Ballia, Azamgarh, Unao, Muttra and Ghazipur. Twelve districts were free from the disease and in ten others very few deaths occurred. Among the towns with a population above 10,000 the highest mortality (21.95 per thousand) was recorded in Bansdih in the Ballia district and the next highest (19.30) in Purwa in the Unao district. In 74 towns no death from plague was recorded. The special measures introduced in 1907 for dealing with plague in these provinces cost during the financial year ending in 1909, Rs. 4,82,448. In a Resolution published in August 1909 the local Government noted that on account of the great decline in the mortality it had been possible to discontinue the measures nearly everywhere, but the severe recrudescence of the disease in the autumn rendered their re-adoption necessary in many places.

100. In the Punjab the number of deaths attributed to plague during 1909 was 35,655 or a ratio of 1.77 per thousand as compared with a total of 30,708 and a ratio of 1.53 in 1908. An important feature of the seasonal incidence was the unusually high mortality during the last four months of the year. The districts most severely affected were Ferozepore, Hoshiarpur, Ludhiana, Hissar and Gurgaon, and among towns Anandpur with a death rate of 28.64 per thousand, Multan (17.82) and Chiniot (15.94) may be mentioned. Multan had previously been remarkable for its freedom from the disease. The measures relied upon were as usual rat destruction, evacuation, inoculation and disinfection, a special staff of 15 officers of the Indian Medical Service, 24 civil assistant surgeons and 30 hospital assistants being employed for the work. A feature of the anti-plague campaign in this province has been the organization of an auxiliary staff of workers chosen from among the leaders of the people. It is said that nearly 800 such workers have been trained.

101. The North-West Frontier Province was entirely free from indigenous plague during 1909 and apparently there were only four imported cases one of which was fatal. In 1908 there were 563 deaths recorded as due to plague.



102. In the Central Provinces and Berar 19,216 deaths from plague were reported during 1909 as compared with only 6,236 in the previous year. The figures give death rates of 1·61 and ·52 per thousand, respectively. The disease was chiefly prevalent during the last four months of the year. The highest death rates in districts were 4·41 per thousand in Nagpur and 2·48 in Buldana, and among towns the death rates in Nagpur (57·09), Tumsar (47·56), Chikhli (43·47) and Mohpa (43·29) were the highest. Evacuation was freely resorted to in all districts, but in the town of Nagpur one sect of Muhammadans and some members of the weaver class refused for a long time to adopt the measure or to be inoculated and many of them died. Rat destruction is said to be less popular than evacuation. Over 46,000 anti-plague inoculations were done during the year.

103. The number of deaths recorded from plague in the Madras Presidency was 3,844 as compared with 3,358 in 1908. Indigenous cases of the disease were reported from only seven of the 23 districts, the recorded death rate being highest (2·0 per thousand) in the Nilgiris district. Deaths from the disease were recorded in only 23 of the 232 town circles in the Presidency, the largest number in any town being 1,101 in Coimbatore. Segregation of patients and contacts and the surveillance during 7 days of persons arriving from infected places were employed in this Presidency in addition to evacuation, disinfection and rat destruction.

104. The number of deaths from plague in the Bombay Presidency during 1909 was 24,319 (1·32 per thousand of population) against 27,345 (1·48 per thousand) in 1908, the number being the lowest on record since the present epidemic became established. The decline was general throughout the Presidency. During the first half of the year the maximum prevalence of the disease was attained in March and during the second half in October. Six of the 25 districts were free from the disease and the highest death rate in any district was 4·42 per thousand in Satara. In 14 of the affected districts the death rate was below 1 per thousand and there were only seven towns with a death rate above 10 per thousand. In this Presidency inoculation is performed by travelling inoculators and private medical practitioners as well as at all civil hospitals and dispensaries. Evacuation was carried out by many village communities, but rat destruction was confined almost entirely to the Kaira collectorate and parts of the Satara and Belgaum collectorates.

105. In Lower Burma the number of deaths attributed to plague fell from 5,169 in 1908 to 3,365, but in Upper Burma the number rose from 1,583 to 3,581. In both areas the disease was most prevalent from January to March. The towns in which most deaths occurred were Mandalay, Moulmein, Rangoon, Prome and Toungoo. In several areas a vigorous sanitary campaign which included the demolition of buildings affording shelter to rats was carried out.

106. In a normal year the number of deaths recorded under the heading "fevers"—which includes in many parts of the country nearly all the deaths that are recorded—is about  $4\frac{1}{2}$  millions and the death rate is about 19·5 per thousand. In 1909 the number was 4,487,492 and the rate 19·82. The decline as compared with the



abnormal year of 1908, when the number was nearly  $5\frac{1}{2}$  millions and the rate 23·96, occurred chiefly in the figures for the last four months of the year, but there was some decline in every month except February and March. Judging from the indications afforded by the statistics of troops the rise in those months was probably a result of the severe malaria epidemic that swept over the upper provinces of India in the autumn of 1908, and the fact that the rise was almost entirely in the United Provinces and the Punjab supports this view.

107. In Bengal the conditions during 1909 were generally favourable and the death rate recorded under the heading "fever" fell

**Fevers in Bengal.**

from 23·18 in 1907 and 23·44 in 1908 to only 20·90, the total number of deaths being less by 128,467 than in the previous year. For the province as a whole 68·41 per cent. of all the deaths were returned under the heading. The districts with the highest death rates were Darbhanga, Muzaffarpur, Bhagalpur, Shahabad and Darjeeling. In the Muzaffarpur district more than 80 per cent. of all the deaths were recorded as due to fever. Anti-malarial operations were carried out by the local Government in the North Barrackpore municipality at a cost of Rs. 5,081, and by the municipal authorities in thirteen other towns. During the fever season nineteen civil hospital assistants were deputed to rural areas severely affected with malaria for the purpose of distributing quinine.

108. The number of deaths attributed to fever in Eastern Bengal and Assam

**Fevers in Eastern Bengal and Assam.**

was 732,488 as compared with 667,145 in 1908, the death rate rising from 22·37 to 24·56. The death rates were highest in the districts of Jalpaiguri, Goalpara, Pabna and Dinajpur. In the town of Dinajpur an attempt was made to ascertain the causes of 131 deaths reported under the heading "fever." It was found that only 34 were probably due to malaria, the others being due to such causes as pneumonia, small-pox, cholera, dysentery, heart disease, respiratory disease, rheumatism, diarrhœa, carbuncle, puerperal fever and typhoid fever. The number of deaths attributed to kala-azar during the year was 1,703 against 1,786 in 1908. Most of the deaths from this disease were recorded in the Darrang, Sylhet and Kamrup districts.

109. In the United Provinces the deaths recorded as due to fever were

**Fevers in the United Provinces.**

considerably more than might have been expected in a year like 1909 when the conditions in these provinces were, on the whole, very favourable. They numbered 1,475,570, equal to a death-rate of 30·94 per thousand as compared with a mean rate of 26·88 for the quinquennium ending with 1907. In comparison with the monthly figures of ordinary years there was a considerable increase from January to April and this may be attributed to the effects of the autumnal epidemic of malaria in 1908. The highest monthly figure of deaths occurred in January. The districts with the highest death rates were Hardoi, Mainpuri, Bareilly, Shahjehanpur and Bulandshahr. An officer was on special duty during the whole of the year and another during part of the year to investigate the causes to which the prevalence of malaria in certain parts of the provinces is due. Complete malarial surveys of several towns were made and the prevalence of the disease in the Naini Tal *terai* was investigated.

110. In the autumn of 1908 the Punjab was visited by an unusually severe epidemic of malaria the effects of which were apparent in the mortality returns for the first few months of 1909. Afterwards, however, the mortality from fevers was not excessive and for the whole year the death rate was only 20·40 per thousand as compared with 34·66 in 1908 and 20·16 in 1907. The total number of deaths recorded under this heading was 410,273 which is 66 per cent. of all the deaths recorded. The provincial Sanitary Commissioner considered that during April, May, and possibly June, many deaths from plague were returned under the heading "fever" and stated that this is usually the case "as those reporting deaths are less inconvenienced if they report them as having been caused by fevers." The districts with the highest death rates under this heading were Multan, Delhi and Muzaffargarh. The provincial Sanitary Commissioner reports that the type of fever prevailing during the year was mild. Typhus fever is said to be endemic in the Dera Ghazi Khan district.

111. In the North-West Frontier Province only 39,403 deaths from fevers were recorded during 1909, as compared with 50,795 during 1908, the ratios per thousand of population being 20·65 and 26·62, respectively. The greatest number of deaths under this heading were recorded in January. The autumn was unusually healthy.

112. The number of deaths ascribed to fevers in the Central Provinces and Berar in 1909 was 180,544 and the death rate 15·08 per thousand as compared with a total of 217,773 and a rate of 18·16 in 1908. The decrease was shared by all except two of the 24 districts. The highest death rate in districts was 24·87 in Damoh, but in that district over 70 per cent. of all the deaths were recorded under the heading; the lowest death rates were 6·38 in Akola and 6·45 in Buldana; in those districts only 17 and 16 per cent. respectively, of all the deaths were recorded under the heading. Minor anti-malarial measures were carried out in the head-quarter towns of some districts.

113. In the Madras Presidency the death rate recorded from fevers was only 7·3 per thousand which is much lower than in any of the other chief provinces. Most deaths were recorded as usual in December but the number varied little from month to month. The death rates recorded in districts ranged from 15·8 per thousand in Vizagapatam to 1·0 in Anantapur. It is said that several municipalities and district boards made liberal allotments for carrying out anti-malarial operations.

114. In the Bombay Presidency the number of deaths recorded as due to fevers was 223,888 (12·11 per thousand of population) against 243,372 (13·17) in 1908. The number is the lowest recorded since 1898. The death rates were highest in the districts of Ahmedabad, Broach and Larkhana. Minor anti-mosquito measures were carried out in a few municipalities.

115. In Lower Burma the death rate from fevers in 1909 was 9·44 per thousand as compared with 9·63 in 1908 and in Upper Burma it was 9·47 as compared with 8·23.



The provincial Sanitary Commissioner notes that in some of the districts visited by him he found very little evidence that malaria is prevalent.

116. In Ajmer-Merwara 15,809 deaths were ascribed to fevers in 1909, the rate being 33·15 per thousand against 30·79 in 1908. In Coorg the number was 4,113 and the rate 22·77 as compared with a rate of 27·84 in the previous year.

117. In a number of provinces systematic endeavours to extend the benefits of quinine have been, and are being, made. The following summary relates to the efforts made during 1909 only.

In Bengal 19 civil hospital assistants were deputed to areas severely affected by malaria for the purpose of distributing quinine during the fever season. They distributed the drug in 36 of the most unhealthy *thanas* of which ten are in the district of Murshidabad, eleven in the district of Nadia, four in Jessore, five in the 24-Parganas, five in Purnea and one in Birbhum. As regards the sale of quinine the local Government appointed a committee to formulate new proposals and in accordance with their recommendations the following measures were introduced from July, when the direct supply to post offices by the Jail Department was discontinued:—(1) a central depot was established in each district for the supply of quinine to postmasters and other retail vendors; (2) the quantity of quinine in each pice-packet was increased from 7 to 10 grains; (3) the quinine was issued in tablets as well as in powders; each tablet contains  $3\frac{1}{2}$  grains and three are sold for one pice; (4) the pice-packets were made up in parcels of 100 packets. It is said that the new system is working satisfactorily and that the demand for pice-packets is increasing in many places. During the year 25,514 parcels of 100 or 102 pice-packets were sold against 13,307 parcels in 1908. In addition 4,818 phials each containing 300 tablets were sold.

In Eastern Bengal and Assam nearly  $3\frac{3}{4}$  million pice doses of quinine in powder or tablet form were sold during 1909 chiefly by postmasters, school masters, village panchayats, shop-keepers, vaccinators and chaukidars. Since the close of the year a new scheme for the sale of quinine has been adopted in this province. Its chief feature is the substitution for the pice-packet system of a system in which the minimum amount of quinine to be sold is sufficient for the treatment of an attack of malarial fever. On the Assam tea-gardens a large amount of quinine is distributed free of charge.

In the United Provinces a committee was appointed to consider various problems connected with the free distribution and sale of quinine and on their recommendation the following measures were adopted:—(1) a plan for securing the early notification of increased prevalence of malaria in any part of the province; (2) a plan for securing the effective distribution of quinine free of charge during an epidemic of malaria; (3) the maintenance of a reserve stock of quinine sufficient for requirements during the early period of an epidemic; (4) the increase of the amount of quinine in the pice-packets to nine grains; (5) the experimental issue of three-grain tablets, the price of three such tablets being one pice; (6) the extension of the agencies for the sale of quinine. In 1909 the total number of pice-packets sold by postmasters, vaccinators, landlords and other agencies was 2,231,429.

In the Punjab 424 pounds of quinine were distributed gratuitously by 13 municipalities and 2,113 pounds by 24 district boards. In the Hoshiarpur district Rs. 550 were collected by public subscription and spent on quinine which was distributed gratuitously. In the Gurgaon district various subordinate officers were supplied with powders and tablets of quinine for sale at three pies per packet. In Gurdaspur a society for the distribution of quinine established by the Deputy Commissioner proved very successful.

In the Central Provinces and Berar 3,720 parcels of quinine, each containing 102 seven-grain powders, were sold in 1909 as compared with 3,312 in 1908.

In the provincial Sanitary Report of the North-West Frontier Province it is stated that large quantities of quinine in the form of five-grain tablets were purchased and supplied to local boards and political agents for free distribution among the people.

In Burma 1,053,360 seven-grain pice doses of quinine were sold through the agency of district officers and vaccinators and 298,012 doses through the agency of post offices.

118. In 1909 the number of deaths recorded under the heading "dysentery and diarrhoea" was lower than in any year since 1898 and the recorded death rate was only .96 per thousand as compared with 1.26 in 1908. In Bengal only 35,981 deaths under this heading were recorded as compared with 64,899 in 1908, the death rates for the two years being .71 and 1.28 per thousand, respectively. In the United Provinces the number of deaths fell from 19,388 to 14,260 and in the Punjab it fell from 21,103 to 10,416, this number being the lowest on record for the province. In the Central Provinces and Berar 33,386 deaths were recorded as compared with 40,760 in 1908, all except three of the districts sharing in the decrease. In the Madras Presidency the death rate in 1909 was 1.3 per thousand against 1.7 in 1908 and in the Bombay Presidency it was 1.90 against 2.21. Eastern Bengal and Assam, the North-West Frontier Province, and Upper Burma were the only provinces in which the mortality under this heading was higher than in 1908. In Eastern Bengal and Assam the death rate was .87 per thousand as compared with .83, all except eight of the districts contributing to the increase. Lakhimpur, Darrang, and Sibsagar were the districts with the highest death rates, namely, 7.25, 6.73 and 6.62 per thousand, respectively. In the North-West Frontier Province 407 deaths were recorded under the heading as compared with 320 in 1908 and in Upper Burma 3,235 as compared with 1,975.



## SECTION VII.

### GENERAL HISTORY OF VACCINATION.

119. The total number of vaccinations performed during 1909-10 was 9,090,586, about 30,000 fewer than in the preceding year. The decrease was, however, confined to the United Provinces (65,824), the Central Provinces (30,041), Bombay (10,894) and Ajmer-Merwara (841). The vast majority of the operations were, as usual, primary, which numbered 8,096,233, or 65,064 fewer than in 1908-09; the number of revaccinations was 994,353, or 32,288 more than in 1908-09.

In only Burma and Coorg were both primary vaccinations and revaccinations more numerous than in 1908-09; the numbers of primary operations declined in six provinces and the numbers of revaccinations in seven. Not only were operations generally somewhat less numerous than in 1908-09, they were less successful, primary operations succeeding at the rate of 94·62 per cent. compared with 97·47, and revaccinations at the rate of 66·58 per cent. compared with 73·44. The mean number of operations performed per vaccinator fell from 1,507 in 1908-09 to 1,477, the figures ranging from 2,831 in the North-West Frontier Province to 1,083 in Bengal and 797 in Ajmer-Merwara.

The vaccination done at dispensaries continues to decline, the total of 191,242 operations performed in 1908-09 falling to 156,478. The decline last year was general, except in the Punjab and Bombay, but it merely indicates a transfer of work formerly done by operators attached to dispensaries to the special staff.

The proportion of the total population vaccinated during the year was 35·55 per thousand compared with 35·93 in the previous year, but there are great differences in the several provinces, the extremes being reached in the small provinces of Coorg, 56·77, and Ajmer-Merwara, 24·34. In the larger provinces the range was from 47·36 in the North-West Frontier Province to 27·45 in the United Provinces. If we take the general birth rate of India at 40 per thousand, 44·20 per cent. of the theoretically available infants were successfully vaccinated during the year. This is a considerable advance on the figure for the previous year, 43·87, and is not far short of the record figure 44·36 established in 1907-08. Here again the range in the provinces is extensive, from 76·51 in the Central Provinces to 20·68 in Burma and 9·77 in Coorg.

The cost of the vaccination department in 1909-10 was Rs. 15,64,490, or about Rs. 54,000 more than in the preceding year, all the provinces, except Bengal, the United Provinces and the Central Provinces, contributing to the increase. The mean cost of each successful case was three annas, or two pies more than in 1908-09. In the several provinces, owing of course largely to diversity of practice, the cost of each successful case varied greatly, from eight annas and ten pies in Bombay and eight annas and five pies in Burma, to one anna and nine pies in Bengal and one anna and four pies in Eastern Bengal and Assam.

120. Details of the varieties of lymph in use will be found in the paragraphs relating to the several provinces. The opening of the very extensive dépôt for vaccine manufacture at Belgaum had to be postponed; and it was decided that owing to

Vaccination in India.

Lymph supply.

financial stringency the existing laboratory at Lahore must for the present suffice for the needs of the Punjab.

121. There was again an increase in the number of operations in Bengal, the total being 2,053,773, or an increase of 34,242; but the increase was limited to primary operations, which numbered 1,868,585 against 1,810,213 in the previous year, while revaccinations decreased in number from 209,318 to 185,188. In both years the work done in the Tributary States of Orissa is excluded. In 19 of the 34 districts there was an increase, the most noticeable being Cuttack (increase 23,088), Midnapore (17,051), Jessore (13,260) and Purnea (12,213). The increase in Cuttack and Midnapore is attributed to greater personal exertions of the vaccination staff and to help given by the Magistrate at Midnapore. The increase in other districts is ascribed to the efforts of the vaccination staff to cope with outbreaks of small-pox and to easier times permitting the people to pay the fees of licensed vaccinators. The larger decreases occurred in Nadia (7,839), Shahabad (7,149), Singhbhum (6,260), Puri (5,816) and Manbhum (4,904) and are ascribed to inefficiency of the staff in Nadia, the occurrence of plague and severe malarial fever in Shahabad, and in Puri the relaxation of the special exertions necessary in recent years. No explanation is given of the falling off in Singhbhum and Manbhum. The percentage of success in primary cases fell from 99·34 per cent. in 1908-09 to 98·97, while the percentage of success in revaccinations rose from 61·78 per cent. to 63·26. The mean number of operations performed by each vaccinator was 1,083, the work of the paid men being generally greater in quantity and better in quality than that of the licensed men. The system of realising vaccinator's fees through village *panchayets* was not very successful because of the absence of legal powers to enforce payment. Owing to the diminished prevalence of small-pox the number of persons vaccinated by vaccinators attached to municipalities, dispensaries, etc., fell from 142,781 in 1908-09 to 129,971, and the mean number of operations performed by each vaccinator from 819 to 735. The percentages of success fell in primary cases from 98·60 to 98·20 and in revaccinations from 60·39 to 57·31. At factories and on tea-gardens, however, the numbers of primary operations increased from 2,945 to 3,961, although the revaccinations fell from 1,403 to 671. Infant vaccination continued to improve, and the percentage protected of an estimated birth rate of 40 per thousand rose from 43·91 in 1908-09 to 48·16. In 24 districts upwards of half the number of infants available were protected.

Vaccination was performed with calf lymph (calf to arm), lanoline calf lymph and human lymph (arm-to-arm) and the results are displayed in the following table :—

	PRIMARY CASES.		REVACCINATIONS.	
	Number.	Percentage of success.	Number.	Percentage of success.
Calf lymph ... ..	43,713	98·46	11,846	66·82
Lanoline lymph ... ..	932,528	98·35	146,411	60·22
Human lymph ... ..	829,737	99·00	12,978	69·17



In Calcutta and in parts of the Howrah, Nadia and Jessore districts operations were performed with glycerine lymph, the ratios of success being 97·07 per cent. in primary cases and 47·17 per cent. in revaccinations.

The cost of the department fell from Rs. 2,17,721 in 1908-09 to Rs. 2,13,696, but the mean cost of each successful case rose by two pies to one anna and nine pies. At the vaccination depôts in Calcutta and Darjeeling 520,114 and 63,210 grains of vaccine were manufactured, an increase of 99,169 and a decrease of 5,863 grains on the outturn of the preceding year. As usual, supplies were sent to the Nepal Darbar and the Sikkim State.

122. The total number of vaccinations performed, including 7,547 secondary operations, was 1,464,601. This total is higher than in the previous year, but compared with 1908-09 primary operations decreased by 50,260 to 1,301,574 while revaccinations increased by 62,601 to 163,027. In twelve districts the numbers of operations increased, most notably in Dinajpur (48,609), Rangpur (7,873), Malda (7,708) and Bogra (4,130) in all of which, except Malda, small-pox was prevalent, and as might be expected the increase was most marked in revaccinations. Among the fifteen districts in which the figures declined, the falling off was greatest in Pabna (18,068), the Khasi and Jaintia Hills (12,473), Faridpur (9,195) and Sylhet (7,528). In the Khasi and Jaintia Hills the decrease appears to have been due to a reduction in the staff; in all the other districts the decrease is attributed to the prevalence of malarial fever rendering the children unfit for operation. Not only did the number of primary cases decline, but there was a falling off in the percentage of success from 98·76 to 96·21; although revaccinations were more successful than in the previous year, the rate being 75·61 against 74·26 per cent. Dispensary vaccination continued to decline, primary operations falling from 3,331 with a percentage of success of 96·62 to 2,854 with a percentage of success of 91·89, and revaccinations from 1,290 (percentage of success 74·96) to 459 (79·95). On tea-gardens the number of primary operations fell from 19,051 in 1908-09 to 9,500, but the number of revaccinations rose from 807 to 1,934, success being claimed in 1909-10 at the rates of 89·22 and 82·25 per cent., respectively. Taking a hypothetical birth rate of 40 per thousand, 28·92 per cent.—compared with 30·65 in 1908-09, of the children were successfully vaccinated. In the towns 54 per cent. of the children said to be available were protected, compared with 66 per cent. in the preceding year. Considerable improvement took place at Dacca, but in the towns of the Mymensingh district there is still a strong prejudice against the early vaccination of infants.

Glycerinated vaccine prepared at the Shillong depôt was exclusively used and the supply was satisfactory except in October and early in November when many failures were reported, the cause of which is suspected to be the extensive use of a large supply manufactured in August. In future no vaccine prepared before September will be issued for use in the following season. The number of tubes of vaccine loaded was 2,145,024 and the cost 2·1 pies a tube.

The cost of the department rose from Rs. 1,10,614 in 1908-09 to Rs. 1,13,999, and the cost of each successful operation from one anna and three pies to one anna and four pies.



123. In 1908-09 the great epidemic of malaria and scarcity locally had a disastrous effect upon the numbers of vaccine operations performed in these provinces; in 1909-10 the effects of the malaria epidemic continued to impair the work of the department, the birth-rate was lowered and many children were in too poor health to be vaccinated. The number of primary operations fell from 1,325,443 to 1,279,472, and the number of revaccinations from 131,342 to 111,489. The percentages of success, however, rose from 96.49 to 97.56 in primary operations, and from 80.84 to 82.54 in revaccinations. The total operations were more numerous than in the preceding year in 16 districts, but the differences in the figures of the two years were generally inconsiderable; the greatest increases being 7,771 in Jhansi and 5,262 in Partabgarh, and the largest decreases 10,010 in Sitapur, 9,055 in Almora, 7,935 in Gorakhpur, 6,927 in Ballia and 6,925 in Naini Tal. At dispensaries only 253 operations were performed compared with 765 in the preceding year and 1,442 in 1907-08. Estimating the births at 40 per thousand of the population, 40.50 of the available infants were protected, compared with 41.39 in 1908-09. In the municipal towns about 98 per cent. of the available children were successfully vaccinated, but in the totals from which this proportion is calculated were included children brought from the country into the towns to be vaccinated.

The Bovine Lymph Depôt at Patwa Dangar continued to be satisfactorily managed. The amount of lymph obtained from 66 cow and 45 buffalo calves was 5,157.6 grammes, cow calves yielding on an average 33.2 grammes and buffalo calves about twice as much. From the crude lymph 22,941.6 grammes of glycerinated lymph, 1,713.4 grammes of glycerine paste and 37.2 grammes of lanolated lymph were prepared. The strain of lymph was satisfactory, the figures of success in primary cases being 95.6 per cent. from October 1909 to March 1910 and 84.3 per cent. in the period from April to September 1909. The lymph was, however, frequently fortified by passage through rabbits. A strain of lymph obtained from Berlin was started, but the vesicles were poor, so it was given up. Attempts were made to overcome the difficulty of transporting lymph in the hot weather by using Thermos flasks, but the shape of those that were available was not convenient and frequent breakages led to their disuse.

The cost of the department fell from Rs. 1,77,625 in 1908-09 to Rs. 1,71,345, but the average cost of each successful case remained unaltered at two annas and one pie.

124. Although hampered by the presence of plague, the various agencies in the Punjab performed 670,536 operations compared with 668,898 in 1908-09. There were 528,347 primary operations in 1909-10 compared with 523,087 in the preceding year, and 142,189 revaccinations compared with 145,811. The percentages of success declined from 98.43 to 97.58 in primary cases and from 76.93 to 74.52 in revaccinations; the falling off was ascribed to the lymph supplied in October and early November being injured by the heat. The trial of house-to-house vaccination, to which reference was made last year, shows that while the system is popular in some districts it is very unpopular in others and is impracticable in the hills. It has accordingly been decided to continue the system only in these districts and towns in which it has proved a success.



On the hypothetical birth rate of 40 per thousand, 49·58 per cent. of the available infants were successfully vaccinated, against 51·49 and 56·51 per cent. in the two preceding years. In towns in which the Vaccination Act is in force 79 per cent. of the infants under one year of age were protected, compared with 82 per cent. in 1908-09, the corresponding figures in towns in which the Act is not in force being 62 and 64 per cent. The provincial Sanitary Commissioner having noted the comparative neglect of the provisions of the Act in Lahore, Delhi and Amritsar, the local Government has drawn the attention of the municipalities to the matter.

There were 19,557 tubes of chloroformed glycerinated lymph issued during the year, and from the returns received it appears that 639,263 primary operations and 141,018 revaccinations were performed with it. In primary cases the case success was 96 per cent. and the insertion success 95 per cent.; in revaccinations the case success was 72 per cent. and the insertion success 68 per cent. These figures are somewhat less favourable than last year the falling off being attributed to a deterioration of the supply in October and early November on account of the high temperature.

It has been decided to make some alterations in the laboratory at Lahore and to postpone for the present the provision of a new institute.

The cost of the department increased from Rs. 1,14,761 in 1908-09 to Rs. 1,20,509, and the cost of each successful case from three annas and one pie to three annas and three pies. These figures do not, however, take into account the amount realised by the sale of vaccine which was Rs. 11,540; if this sum is deducted from the cost of the department the cost of each successful case is reduced to two annas and eleven pies.

In the larger Native States which employ their own vaccinators, the following numbers of operations were performed:—Patiala, primary 42,047 (against 42,500 in 1908-09), revaccinations 26,643 (24,106); Bahawalpur, primary 13,043 (8,344), revaccinations 139 (119); Kapurthala, primary 4,238 (3,651), revaccinations 33 (49); Jhind, primary 5,453 (6,168), no revaccinations; Nabha 843 (1,607), no revaccinations; Faridkot, primary 3,071 (3,485), revaccinations 12 (52). In primary cases the percentages of success varied between 99·60 in Kapurthala and 85·62 in Nabha.

125. The total number of operations performed was 102,567, or 11,199 more than in 1908-09; the number of primary operations increasing by 13,520 to 94,701, while the number of revaccinations decreased by 2,321 to 7,886. The percentages of success were much the same as in the previous year, 98·67 in primary cases and 82·76 in revaccinations. Primary operations were more numerous than in 1908-09 in all districts except Hazara, where the decline is ascribed to lack of energy in furthering the cause of vaccination on the part of municipal members, *zaildars* and others. The numbers of revaccinations fell off most noticeably in Kohat owing to the apathy of the native superintendent of vaccination who has been reduced, and in Bannu owing to unavoidable changes in the establishment. A total of 651 primary operations, with success at the rate of 94 per cent. and 15 revaccinations, all successful, were performed at the dispensaries at Tank, Mastuj (Chitral) and Idak. In the Political Agencies the number of operations fell from 10,127 in 1908-9 to 9,406, the decrease being mostly due to diminished work in the Sherani country. There was, however, an increase in the work done in the Kurram and Tochi Agencies; in

North-West Frontier Province.



the former owing to the prevalence of small-pox and the disfavour into which inoculation is falling ; in the latter it is said that the attitude of the people towards vaccination is improving. An outbreak of small-pox in and around Dir prompted the Nawab to ask for the services of a vaccinator. A man was sent and vaccinated 480 persons. Estimating the birth rate at 40 per thousand, 70·31 per cent. of the infants were protected, compared with 60·49 per cent. in the previous year. In most of the towns the number of children vaccinated was in excess of the estimated number available ; this was due to many of the trans-border tribes and nomads having their children vaccinated when passing through the towns.

Almost all the operations were performed with chloroformed glycerinated lymph. Human lymph was used only in 200 cases in the Sherani country and among *Powindahs* passing through Dera Ismail Khan.

The cost of the department rose from Rs. 12,575 to Rs. 14,744, but the cost of each successful case was the same as in the previous year, namely, two annas and five pies.

126. Owing to unfavourable circumstances—a low birth rate, the occurrence of plague especially in the Southern and Western Central Provinces. districts, extensive migration of the people on account of the large number of marriage feasts in the season following *Sinhast*, the discontinuance of vaccination by sub-assistant surgeons, and political disturbances in the Bastar State, the number of operations was less by 30,041 than in 1908-09. The total of 609,606 operations included 535,697 primary with success in known cases at the rate of 99·15 per cent. against 98·78 in the previous year, and 73,909 revaccinations with success at the rate of 77·67 per cent. against 75·66 per cent. in the previous year. Primary operations performed by the district staff numbered 466,693 against 462,134 in the previous year, the principal increases being in Bilaspur (5,917), Raipur (4,499) and Bhandara (3,130). In the Feudatory States the number of primary operations fell from 69,105 in 1908-09 to 63,981 owing to the small amount of work done in Bastar. Revaccinations in the *Khaisa* numbered 65,811 against 75,807, and in the Feudatory States 6,523 against 7,026, the decrease being largely due to the lessened prevalence of small-pox. At dispensaries, including those in the Feudatory States, only 5,023 primary operations and 1,575 revaccinations were performed compared with 22,199 and 3,376 in the preceding year, the percentages of success being 94·82 and 74·22 against 97·40 and 59·09 in 1908-09. The reduction in the numbers of cases is due to the discontinuance of vaccination by sub-assistant surgeons attached to dispensaries.

Estimating a birth rate of 40 per thousand, 76·51 per cent. of available infants under one year of age were protected, compared with 76·98 in the previous year. In towns 85·3 per cent. of the infants were successfully vaccinated against 91·70 in the preceding year. Glycerinated calf lymph prepared at district head-quarters was used exclusively. The cost of the department fell by Rs. 4,663 to Rs. 67,819. In British districts the cost of each successful case was one anna and eleven pies, and in the Feudatory States one anna and six pies.

127. The total number of vaccinations was 1,652,028 or 2,623 more than in 1908-09, but the number of primary operations Madras. fell from 1,478,771 to 1,447,328, so that the



increase was entirely due to revaccinations the number of which rose from 170,634 to 204,700. There were considerable increases in the work done in Kistna (8,906 cases), South Canara (8,833), Ganjam (7,495), Guntur (5,567), North Arcot (5,547) and Tinnevely (2,290); and decreases in Vizagapatam (20,413), due to the very large number vaccinated in the previous year when small-pox was prevalent, in Cuddapah (8,456), due to the prevalence of malarial fever, in Godaveri (5,741), due to the reduction in the special staff employed in the previous year, in Anantpur (5,605), due to reduction in the number of vaccinators, in South Arcot (5,005), due to epidemics of cholera, fever, measles and chicken-pox, and in Coimbatore (3,226), due to the occurrence of plague and the absence of vaccinators for whom substitutes were not provided. The ratios of success were lower than in 1908-09, the percentages falling from 95·48 in primary cases to 92·08 and from 81·37 in revaccinations to 77·58. Only 18 primary operations and three revaccinations were performed at one dispensary.

Estimating the birth rate at 40 per thousand, 39·84 per cent. of the available infants were successfully vaccinated, compared with 40·98 per cent. in the previous year. In municipal towns the percentage of infants protected fell from 68·7 in 1908-09 to 66·6 per cent. Excluding cases in which the results were unknown, 1,281,505 primary operations were performed in local fund areas, and 85,215 primary operations were performed in municipalities with lanoline lymph with percentages of success of 91·7 and 95·4 respectively; 24,200 primary operations were performed in Madras City with glycerinated lymph with success at the rate of 98·7 per cent. The efficiency of the lymph used was not so great as in 1908-09, partly owing to defect in storage, for it has been found impossible to maintain the temperature in the storage boxes continuously near zero centigrade, but mainly owing to local causes. Arrangements have been made to maintain a reserve stock of lymph, the necessity for which is apparent when it is explained that on several occasions for weeks at a time no calves could be obtained.

The cost of the department rose from Rs. 3,21,757 in 1908-09 to Rs. 3,27,774, and the cost of each successful case from three annas and five pies to three annas and eight pies.

128. The number of vaccinations performed rose from 10,482 in 1908-09 to 11,971 and consisted of 9,121 primary operations and 2,850 revaccinations, which succeeded, respectively, at the rates of 92·67 and 74·93 per cent.

Coorg.

Taking the birth rate at 40 per thousand, only 9·77 per cent. of the available infants were protected compared with 12·15 in the preceding year; in the towns, however, 157 of 166 available children were protected. Calf lymph was used exclusively.

The cost of the department, Rs. 2,813, was almost the same as last year, but the cost of each successful case fell from five annas to four annas and five pies.

129. There were vaccinated primarily during the year 665,602 or 6,650 fewer persons than in 1908-09, the falling off occurring in Sind, where increasing opposition to vaccination and greater difficulty in obtaining vaccinators is being encountered, and at Aden, where there were an unusually large number of operations performed in 1908-09

Bombay.

on account of the prevalence of small pox. The number of persons revaccinated also decreased by 3,464 to 48,961, the number of operations being smaller in the Central and Southern Registration districts and at Aden. Primary operations were successful at the rate of 98·96 per cent. and revaccinations at the rate of 70·86 per cent. against 96·02 and 70·65 in the preceding year. There was an increase in the number of operations at dispensaries where 1,001 primary and 1,269 revaccination operations were performed of which 90·00 and 66·15 per cent. were, respectively, successful.

On the estimated birth-rate of 40 per thousand, 57·02 per cent. of the children available were protected, compared with 54·86 per cent. in 1908-09. The Vaccination Act is in force in only seven of the 107 municipal towns, but taking all the towns together a larger number of infants were vaccinated than the number calculated to be available.

The completion of the buildings of the Vaccine Institute was delayed and work had to go on in the temporary buildings. In spite of this there was an increase in the outturn of glycerinated lymph and the success obtained with it was high—in primary operations the case success was 99·22 per cent. and the insertion success 95·33 per cent.; as the provincial Sanitary Commissioner remarks “it is gratifying to find that with improved methods of storage under ice and of “packing, the success attained in the hottest months of the year was generally “good.” The following table extracted from Lieutenant-Colonel Dyson’s report shows the varieties of lymph used in the several ‘districts’ of Bombay and the degree of success attained in them with each variety.

Districts.	Kind of lymph used.	NUMBER OF OPERATIONS.		SUCCESSFUL CASES EXCLUDING “UNKNOWN.”		PERCENTAGE OF SUCCESS EXCLUDING “UNKNOWN.”	
		Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.
Western Registration District	Human ...	186	27	168	23	100·00	100·00
	Glycerinated ...	124,350	11,326	113,817	6,462	98·72	74·73
Presidency Circle ...	Animal ...	5,928	3,362	5,400	34	99·15	31·78
	Glycerinated ...	14,046	6,999	12,635	71	97·35	24·83
Central Registration District	Human ...	4,871	53	4,629	45	99·33	95·74
	Glycerinated ...	151,976	4,416	138,948	2,089	99·74	71·54
Southern Registration District	Human ...	18,040	734	18,012	532	99·96	74·82
	Animal ...	4,174	154	4,121	141	98·87	91·56
	Glycerinated ...	120,992	13,615	115,207	7,329	99·28	76·82
Gujarat Registration District	Human ...	29,528	1,340	29,123	980	99·07	73·85
	Glycerinated ...	93,428	3,715	87,778	1,671	99·01	59·53
Sind Registration District ...	Human ...	77,290	1,497	69,310	967	98·71	88·96
	Animal ...	6,059	860	5,861	292	99·64	73·55
	Glycerinated ...	2,287	364	1,833	200	93·38	70·92

The cost of the department increased by Rs. 20,605 to Rs. 3,47,974 owing to increased pay of officers, the grant of pony allowance to a few vaccinators, the entertainment of additional staff and compensation to menial servants for the enhanced price of grain. The mean cost of each successful case was eight annas and ten pies against eight annas and five pies in 1908-09.



130. The number of vaccinations performed in 1908-09 exceeded the number performed in the preceding year by

Burma.

11,292 and totalled 407,705, made up of 353,616

primary operations and 54,089 revaccinations. In primary cases success was attained at the rate of 95·26 per cent. against 93·59 in the preceding year and in revaccinations at the rate of 62·81 against 59·99. In 25 districts the amount of work done increased, and it decreased in 15, among which were Kyaukpyu (4,135) and Akyab (2,699) where the decrease is attributed to apathy of the people in the absence of the stimulus caused by the presence of small-pox in the earlier year; Prome (1,274) owing to epidemics of plague and cholera; Tavoy (4,066) owing to the diminished zeal of vaccinators; Sagaing (2,014 revaccinations) and Lower Chindwin (2,478) owing to the presence of plague and cholera; Upper Chindwin (918) and Thayetmyo (1,388) owing to the spread of rumours in connection with the occurrence of plague. The cause of a decrease of 2,857 operations in the Southern Shan States is not explained. At dispensaries 5,475 primary operations and 6,786 revaccinations were performed with percentages of success of 94·82 and 70·03.

On an estimated birth rate of 40 per thousand, 20·68 per cent. of the available children were protected, compared with 21·07 per cent. in the preceding year. In municipal towns 78·2 per cent. of the infants calculated to be available were successfully vaccinated.

The Vaccine Dépôt supplied glycerinated lymph sufficient for 614,644 operations and the quality was good, 95·0 per cent. of the cases operated on succeeded, compared with 93·0 and 91·2 per cent., respectively, in the two preceding years. It was found that vaccine in capillary tubes sealed by heat gave results that were 3·5 per cent. better than vaccine in tubes sealed with wax. Eight native superintendents of vaccination and 38 apprentice vaccinators were trained at the dépôt during the year.

The cost of the department rose by Rs. 30,937 to Rs. 1,80,784, and the mean cost of each successful case by one anna to eight annas and five pies. The increase in cost was due mainly to an increase of establishment.

131. In Ajmer-Merwara 11,875 primary operations and 85 revaccinations were performed during the year, compared with

Ajmer-Merwara.

12,497 and 304, respectively, in 1908-09. The

percentage of success in 1909-10 in the two classes of operations were 97·12 and 87·06.

On an estimated birth rate of 40 per thousand 47·76 per cent. of the available children were protected compared with 52·90 per cent. in the previous year.

The cost of the department rose from Rs. 2,975 in 1908-09 to Rs. 3,033, and the cost of each successful case from three annas and ten pies to four annas and two pies.

132. Particulars of vaccination in the Army will be found in Statement III of the Appendix to this Section.

Vaccination among troops.





## SECTION VIII.

### SANITARY WORKS.

133. Excluding Calcutta, the number of municipalities in Bengal in 1908-09 was 128, an increase of one—Khagole, in the Bengal. Patna district—during the year. The aggregate income, including opening balances amounting to Rs. 13,20,546, was Rs. 73,73,133, of which 39·67 per cent. was spent on original and recurring sanitary works, 8·19 per cent. on roads, 4·20 per cent. on the public safety and 26·55 per cent. on all other requirements. The actual sums expended were the following: on conservancy, including road watering, establishment, latrines, etc., Rs. 14,03,950; and on water-supply, Rs. 4,33,842; on drainage, Rs. 3,59,588; the increase of expenditure under these three heads amounting to Rs. 2,48,557. The increased expenditure on conservancy (Rs. 63,558) and water-supply (Rs. 94,233) was shared by all the divisions, but the increased expenditure on drainage (Rs. 50,766) was mainly due to the construction of drains and the preparation of schemes in the Presidency, Burdwan and Bhagalpur divisions. Nearly the whole of the annual grant of Rs. 4,50,000 sanctioned by the Government of India for expenditure on sanitary improvements was allotted during the year or shortly after its close, the greater part of the money being apportioned among the following municipalities for drainage: Burdwan, Rs. 50,000; Monghyr, Rs. 1,00,000; Arrah, Rs. 25,000; Tittaghar, Rs. 20,000; Berhampore, Rs. 31,000; Daltonganj, Rs. 16,000; Bankura, Rs. 10,000; Hazaribagh, Rs. 10,000. The municipality of Darjeeling received Rs. 50,000 for a sewage scheme and the municipalities of Jessore and Gaya received Rs. 44,000, and 25,000 for water-supply schemes, while the South Suburban municipality received Rs. 12,000 for improvements to its water-supply. A sum of Rs. 20,000 was set aside for dredging the Bhagirathi near its take-off from the Ganges.

The expenditure on sanitary works by Government, municipalities, district boards and private individuals amounted to Rs. 12,95,431, compared with Rs. 8,82,909 in the preceding year.

134. The Board held three meetings during the year at which the principal subjects of discussion were (a) the Howrah drainage scheme, (b) the Darjeeling water-supply and sewerage scheme, (c) a proposed increase in the office establishment of the Board, (d) draft rules to regulate the duties and powers of the sanitation committees constituted under the Local Self-Government Act of 1885 and Bengal Act I of 1908, and (e) the qualifications of Sanitary Inspectors to be employed by district boards. On the 25th March 1909 the duties of Sanitary Engineer and Secretary to the Sanitary Board were taken over by Mr. G. B. Williams, M.I.C.E., appointed by the Secretary of State.

Work was in progress during the year on the following schemes: *Darjeeling water-supply and sewerage schemes*. As the existing supply of water was apparently insufficient for the sewerage scheme, it was resolved to obtain an additional supply by constructing an impounding reservoir at Senchal, the additional supply of water to be used, not only for drain flushing, but, if found



sufficiently pure, for augmenting the supply of drinking water which at certain periods of the year is insufficient for the needs of the town. The total cost of the works, including a ropeway to dispose of refuse, is estimated at Rs. 2,88,843. Government has sanctioned the scheme and promised Rs. 50,000 in addition to the previous grant of Rs. 50,000.

*Monghyr water-supply.*—Tenders for pumping machinery, and for buildings, tanks, mains, filters, etc., aggregating Rs. 3,15,257, have been accepted and the work is proceeding slowly.

*Bhagalpur water-supply.*—The excavation of the new filter was completed, and the new Diesel oil engine and pump were erected in April, and the transformation of the jet condensers of the old water engines into surface condensers was completed in September.

*Howrah drainage scheme.*—The drainage of several blocks was almost completed. Block IV was completed.

*Puri drainage scheme.*—The work made very slow progress, owing to difficulties which it is hoped have now been surmounted.

*Barasat, Basirhat, Baruipur and Budge Budge drainage schemes.*—Work was commenced but little was done during the year.

*Baranagore drainage scheme.*—Considerable progress was made.

*Bhatpara drainage scheme.*—The drains in Block F were completed, and tenders for the construction of the remainder of the scheme at an estimated cost of Rs. 1,25,000 were received.

*Arrah drainage scheme.*—The construction of the drains was commenced. The total cost is estimated at Rs. 2,11,000.

Numerous other water-supply and drainage schemes occupied the attention of the Board during the year, and it is expected that work on a good many of them will be commenced during the current year.

135. In 1909 the Jorhat union was converted into a municipality and a new union was constituted at Nazira in the Sibsagar district. The total income, including opening balances, of the 45 municipalities, two stations and four unions was Rs. 21,30,691, or nearly two lakhs more than in 1908, and 50·48 per cent. (compared with 47·94 per cent. of Rs. 19,31,207 in 1908) was spent upon sanitation, including Rs. 4,78,045 on conservancy, Rs. 3,49,250 on water-supply and Rs. 66,441 on drainage. The decrease in the expenditure on conservancy, which amounted to about Rs. 64,000, was due to the reduction in expenditure under this head at Dacca; while the increase of expenditure on water-supply, amounting to nearly two lakhs of rupees, was due to the extension of the Dacca water-supply. The increase of Rs. 27,381 on drainage was distributed among many towns, but the largest share was taken by English Bazar, where Rs. 17,000 was expended on a new drainage scheme.

At Dacca the conservancy tramway was completed and it was formally handed over to the municipality in December 1909. The surface drainage of the new civil station was in progress at the close of the year. Alternative schemes for a combined sewage and drainage system and for separate systems of sewage and drainage were drawn up by the Sanitary Engineer and were under consideration. The remodelling of the water-works was in progress in 1909 and was completed in March 1910. The estimated cost was Rs. 5,33,806. At Chittagong the two six-inch tube wells to which reference was made in last



year's report were sunk and the amount of water discharged by them tested. Over 15,000 gallons were obtained from one well and a similar amount will, it is expected, be obtained from the other. Numerous schemes for water-supply and drainage were under consideration during the year and in a good many cases surveys were carried out. During 1909 sums of Rs. 5,34,227, Rs. 2,82,230 and Rs. 2,02,444 were expended from provincial funds by local and district boards and private individuals, respectively, on sanitary works.

136. The number of meetings of the Board is not stated in the provincial report. The Board are, however, said to have  
 Sanitary Board.                      afforded much useful advice to Government on the numerous schemes of sanitary improvement submitted to it.

137. The year 1909 "may," as stated by the provincial Sanitary Commissioner, "be fairly described as one showing  
 United Provinces.                      considerable sanitary progress." All the water-work stations worked satisfactorily during the year, and the results of chemical and bacteriological examinations showed that the quality of the water supplied was uniformly good. The demand for piped water is increasing and arrangements are being made at Agra, Lucknow and Cawnpore to augment the supply. A feature of the year was the more extensive use of meters which has checked waste and, except in Agra and Mussoorie, led to a decreased consumption of water during the year. The aggregate cost of the estimates of projects for improving the sanitary conditions of municipalities criticized and approved by the Sanitary Board was Rs. 15,59,030, compared with Rs. 1,66,815 in the previous year. The total expenditure incurred on sanitary works under the supervision of the Sanitary Engineer in 1909-10 was Rs. 6,92,736.

Drainage works were sanctioned and work begun at Budaun, Jaunpur, Farrukhabad *cum* Fatehgarh, Agra (supplementary drain and sullage farm), Ujhani, Sardhana, Lucknow (intercepting sewer and Ghasiarimandi and Husainganj scheme), Firozabad and Allahabad (Government Press).

In March 1909 Dr. Gilbert Fowler of Manchester visited the provinces, a result of the visit being a valuable report on the treatment of sullage in the United Provinces.

138. The Board met six times at Naini Tal and three times at Lucknow. At  
 Sanitary Board.                      their meetings they discussed the projects mentioned above, and advised regarding a large number of other schemes on which work has not yet been begun.

139. The total revenue of the municipal towns during 1909-10, exclusive of  
 Punjab.                      the opening balance, was Rs. 59,89,812 against Rs. 57,00,802 in 1908-09, of which Rs. 29,30,984, or 49 per cent., was spent upon public health and convenience, including Rs. 93,997 capital expenditure and Rs. 3,30,200 recurring charges, on water supplies; Rs. 1,51,590 capital expenditure and Rs. 99,146 recurring charges, on drainage; and Rs. 7,89,690 on conservancy, road clearing and watering and latrines.

The total income derived from the sale of manure in municipalities amounted to Rs. 1,62,768 compared with Rs. 1,49,813 in 1908 and Rs. 1,58,973 in 1907.

At Lahore the 12 new wells for the water-works were completed during the year, and the construction of a reservoir on the mound of Ferozepur Road



was in progress. Experiments with perforated tube wells were carried out at the water-supply head works and near the female jail and proved fairly successful. Improvements of the drainage were in progress. At Simla the hydro-electric scheme was in progress. At Amritsar the intramural drainage of several sections of the city was under construction. The Sanitary Engineer reports that the amount of water supplied from the water-works, less than four gallons a head, is inadequate, and that he is awaiting the decision of the Irrigation Department regarding a scheme to generate electrical power from the canal fall before submitting proposals for an increased supply. At Delhi a valuable improvement was effected in the water-supply by the connection of the wells with the suction at the intake whereby clear water can be drawn from the wells when the river is in flood. Proposals for increasing the supply of water have been submitted. The suburban drainage scheme, estimated to cost Rs. 4,30,468, was progressing well. At Multan drainage works of the Town Hall and of the suburb were in progress. At Gujranwala the drainage of the western part of the town was begun. At Ambala, where the fall in the spring level has seriously affected the supply of water, the experiment of sinking a 6-inch tube with 4-inch perforated tubes into one of the supply wells was in hand and promised to be successful. The pumping engines are to be lowered nine feet to reduce the excessive suction lift.

Numerous estimates were scrutinized and approved by the Sanitary Engineer during the year, and the following estimates were sanctioned: revised estimate for a water-supply for the town of Jaranwala in the Chenab Colony, Rs. 10,600; Hazro intramural drainage, Rs. 16,196; Gujrat intramural drainage, Rs. 36,994; drainage and water-supply of the new market at Pattoki in Chunian Colony, Lahore district, Rs. 44,868; Amritsar disposal works, Rs. 75,366.

140. The Inspector-General of Civil Hospitals and two Indian gentlemen were added to the membership of the Board during the year. The post of Sanitary Engineer was held by Mr. H. M. Baines from the 1st January until the 7th July, and by Mr. D. W. Aikman from the 8th July until the end of the year.

The Board met eight times, considered the various schemes of sanitary improvement submitted to them and allotted the sum of rupees one-and-a-half placed at their disposal by the local Government for distribution as grants-in-aid for sanitary works in 1909-10 to municipalities and district boards.

141. Although no new sanitary work of any magnitude was carried out in this province, a great deal of improvement was effected in the sanitation of Peshawar and Dera Ismail Khan largely owing to the share obtained by these towns of a grant of Rs. 50,000 distributed by Government—to Peshawar municipality Rs. 20,000, to Peshawar district board Rs. 10,000, to Abbottabad municipality Rs. 10,000, and to Dera Ismail Khan municipality Rs. 10,000.

142. The income of the head-quarters' municipalities, excluding opening balances and certain receipts, was Rs. 14,51,426, of which 46·01 per cent. was spent on original and recurring sanitary works, such as water-supply, conservancy, markets and slaughter-houses; 2·87 per cent. on plague and 22 per cent. on vaccination.



The following notes refer to the more important works carried out and in progress during the year. At Nagpur the improvements of the water-works were in progress, the total expenditure up to the end of the year amounting to Rs. 94,000. A sum of Rs. 54,108 was paid to Mr. Lane-Brown for preparing the survey and plan of the city drainage scheme which is to be gradually carried out. At Jubbulpore eleven incinerators have been erected for the destruction of night-soil, etc. The municipality applied to Government for a grant of Rs. 50,000 to cover the cost of a detailed survey of a combined sewage and drainage scheme. At Harda the extension and completion of the water-supply scheme at an estimated cost of Rs. 1,20,000 was proceeding. At Khandwa Rs. 23,955 was spent on the water-supply works including repairs. At Burhanpur the construction of covered galleries over the water channels was undertaken at a cost of Rs. 14,806.

The provisions of the Village Sanitation Act were extended to five more villages. They were not withdrawn from any village.

143. The Board met at eleven head-quarter towns. The work done under their direction was mainly the improvement of village sites and water supplies. On February 1, 1910, a separate appointment of Sanitary Commissioner was created, and Captain T. G. N. Stokes, I.M.S., assumed charge of the office.

144. Excluding opening balances the total income of the municipalities in 1909-10 was Rs. 53,11,071 compared with Rs. 46,98,417 in 1908-09. The expenditure during the year on water-supplies, including establishments, was Rs. 6,13,174 compared with Rs. 3,92,304 in the previous year; on drainage, Rs. 86,202 against Rs. 60,740; on conservancy, including the upkeep of roads, etc., Rs. 9,52,720 against Rs. 9,43,633. The allotment for sanitary purposes made by district boards was Rs. 10,36,106, of which about half was spent in the first nine months of the year.

A special grant of Rs. 4,97,060 from provincial funds was distributed among municipalities and district boards for expenditure on sanitary works such as the opening up of congested areas, town extensions, the formation of lanes for purposes of conservancy and the improvement of water-supplies, for which the local bodies were unable to provide from their own funds.

In commenting upon the every-day sanitation of the municipal towns, the provincial Sanitary Commissioner makes it clear that much inefficiency is due to the lack of skilled supervision, and that even when a sufficient staff of sanitary inspectors and their subordinates is available their energies from mistaken notions of economy are too often absorbed in duties foreign to their legitimate occupation. It is hoped that this state of affairs may be remedied by the issue of orders by the local Government drawing attention to the Sanitary Commissioner's strictures and forbidding the utilisation of these sanitary inspectors as tax-collectors. In order to ensure the continued efficiency of sanitary inspectors arrangements have been made for their attendance every five years at a special course of Hygiene and Minor Sanitary Engineering held at the Madras Medical College. The course of instruction is to be followed by an examination.

At Madras the construction of the new water-supply works was commenced. The masonry work of the new conduit was begun in June 1909,



and on the filter beds and pure water reservoirs in January 1910. The plans and estimates amounting to Rs. 16,09,600 for the main drainage of Madras and the local drainage of Tondiarpet were completed. A new scheme for the irrigation of the sewage farm to cost Rs. 44,500 was nearly completed.

The construction of the water-works of Berhampur, Bezwada, Salem and Periyakulam, the extension of the water-works at Gudiyattam, improvements in the water-supply works at Trichinopoly and Madura, the construction of a gallery in connection with the proposed water-works at Tinnevely and the improvement of the Ootacamund drainage works were being carried out by the Public Works Department during the year. The Sanitary Engineer prepared and submitted to the Sanitary Board or other authorities a large number of plans and estimates for water-supply and drainage schemes.

145. The Sanitary Board examined during the year 143 sanitary schemes of an estimated aggregate cost of Rs. 26,18,626, of which Sanitary Board. 35 works, estimated to cost Rs. 22,99,556, were for municipalities and 108, estimated to cost Rs. 3,19,070, were for local fund boards. The most important of these schemes were the water-supply of Vizianagram (estimated cost Rs. 4,87,690), water-supply of Ellore (Rs. 3,17,000), the drainage of Srirangam (Rs. 1,86,600), the drainage of Trichinopoly (Rs. 5,84,860), the water-supply of Chingleput (Rs. 1,35,130), and the water-supply of Palamcottah (Rs. 4,73,198).

146. In the year ending 31st March 1909 there were, excluding the City of Bombay, 157 municipalities in the Presidency. The total income was Rs. 81,51,611, and Rs. 19,00,738 were spent on the improvement of water-supplies, drainage and conservancy within municipal limits. "Under the stimulus of liberal grants-in-aid from Government," writes the provincial Sanitary Commissioner, "many improvements in water-supply and drainage are being carried out," and it appears that in 33 towns sanitary works of importance are in process of construction or under investigation. The following notes refer to work in progress. At Pandharpur the infiltration wells had been sunk to nearly the full depth; about two-thirds of the main connecting them with the jack well, the rising main and distribution mains have been laid. The pure water tank was completed except the roofing, and the pumping engines were delivered. The expenditure on the water-supply works during the year amounted to Rs. 2,24,000. The drainage work was continued and Rs. 8,000 spent on the collecting drain which is to protect the river frontage from pollution, but progress was delayed by changes in the staff. At Nasik estimates amounting to Rs. 3,54,500 for water-supply were sanctioned and work was begun. At Dharwar the pumping plant and steel mains were delivered and considerable progress was made with the construction of the impounding reservoir, the waste weir, outlet tower and high service reservoir. At Hyderabad the scheme for improving the water-supply, estimated to cost Rs. 2,96,000, was sanctioned and work begun; and work on the drainage scheme was in progress. At Karachi the distribution of the water-supply was extended and sanction has been sought to raise a loan of Rs. 8,10,000 for further extension. The drainage works were continued. At Ahmedabad the two new wells at the head-works of the water-supply were completed; and the drainage system and sewage farm were improved. At Dhulia the filter-beds were completed and handed over to the municipality. At Ratnagiri, pending receipt of formal



sanction for the necessary expenditure on water-supply, the commencement of work was authorised, the tunnel was begun and pipes, etc., ordered. Grants-in-aid aggregating Rs. 3,67,000, including Rs. 1,50,000 for the Pandharpur water-supply were given by Government during the year.

There were 25 district and 212 *taluka* local boards in existence during the year, with a total income of Rs. 64,97,809, of which Rs. 4,16,058 were spent on water-supplies and drainage.

147. The Board met five times during the year and among other matters considered proposals for improvement of the water-supplies of Ahmednagar, Alibag, Bijapur, Broach, Bulsar, Godhra, Hubli and Sholapur, and of the drainage of the Vaccine Depôt at Belgaum and the police lines at Bhamburda. During the year an experimental boring at Sanand resulted in finding a sub-artesian supply of water at a depth of 300 feet and it is hoped that this discovery may solve the problem of providing sources of pure water in Guzerat. Another interesting experiment was the successful tracing by means of an electrical apparatus of an underground stream of water. It is hoped that this will lead to the location of sources of water-supply in the trap formation.

The staff of the Sanitary Engineer was augmented during the year to enable him to cope with the increasing work of the department.

148. Excluding Shwebo the total income of the districts and of municipal towns was Rs. 1,55,72,297 and the total expenditure Rs. 47,35,188, of which Rs. 16,19,907 were spent on water-supplies, Rs. 13,11,884 on conservancy, Rs. 6,15,711 on drainage and Rs. 11,87,686 on other sanitary works. The amount of new work of importance carried out during the year appears to have been limited, but several surveys and projects were drawn up and a few schemes were examined and reports upon them prepared.

149. The Sanitary Board met twice during the year and considered the amended scheme for the water-supply of Bassein, the water-supply scheme for Minbu, the amended estimates for the Kyaiklat water-supply and conservancy schemes, the amended estimates of the Minbu water-supply scheme, the amended estimate of the Thayetmyo water-supply scheme, and proposals for laying out of railway towns.

150. During the year 1909-10 the expenditure on ordinary military works was Rs. 83,10,027 against Rs. 86,43,506 during the preceding year; and on special military works Rs. 28,47,192 against Rs. 12,71,870.

Details regarding new works and improvements in some of the more unhealthy cantonments, will be found in the statements appended to Tables V and XXX at the end of the volume.





## SECTION IX.

### GENERAL REMARKS.

151. Since the autumn of 1906 no change has been made in the orders under which pilgrimage to the Hedjaz is permitted.

#### Red Sea Pilgrim Traffic.

For the season 1908-09, the pilgrims embarked at Bombay, as usual, the ships by which they proceeded being thoroughly cleansed and freed from rats by the Clayton process under the personal direction of the Port Health Officer. The pilgrims were medically inspected and their clothing and bedding thoroughly disinfected previous to embarkation. In all 16,097 pilgrims left Bombay in 21 ships, the first ship sailing on the 7th September and the last on the 7th December 1908. The British Vice-Consul at Camaran notes that 15,985 pilgrims arrived in the 21 ships from Bombay. The observation station at Perim was open during the pilgrim season and all the pilgrim ships were inspected there before proceeding to Camaran. Diarrhoea appeared among the crew of the pilgrim ship "Alavi" at Camaran on the 27th November 1908, that is three days after the arrival of the vessel, and according to the report of the Vice-Consul, Camaran, a diagnosis of cholera was subsequently established in three cases. All the cases occurred among the crew and only one proved fatal. The origin of the outbreak was not traced but was suspected to be due to the inordinate consumption of fish. During the period of detention at Camaran the deaths of 171 pilgrims were registered at the Central Hospital of the quarantine station of which 114 were of pilgrims from India. The principal causes of death were malarial fevers, senile debility, pneumonia and dysentery.

The accommodation for pilgrims in the segregation camps at Camaran is again said to have been almost inadequate, while the period of quarantine for Indian pilgrims remains at eight days compared with three days for other pilgrims from the east.

The Haj report mentions that the Hedjaz remained free from cholera during the season, but small-pox was epidemic from October 1908. A suspected case of plague was discovered at Jeddah on the 16th December and the presence of the disease was confirmed on the 4th January 1909. The source of infection could not be traced. The general sanitary condition of Jeddah, Mecca, Mina and Araft during the season is said to have been extremely bad. The Vice-Consul records that no improvement has been made in the hospital accommodation at Jeddah and Mecca. A fund was opened for the construction of a new hospital at Jeddah, and although subscriptions exceeding £500 were received, nothing beyond the erection of a wooden shed has yet been done. Return fares to India were, owing to competition, very low, but at the end of the season it was necessary to repatriate about 500 destitute Indian pilgrims at a cost of Rs. 1,050 which was met from the "Jubilee Indian Pilgrim Relief Fund."

The Indian pilgrims returned in 24 ships which brought in all 14,330 pilgrims. During the homeward voyage there were a total of 279 deaths on 19

ships, due chiefly to old age, general debility, small-pox, dysentery, diarrhœa and privation. The Port Health Officer calculates that the death rate for the homeward voyage is no less than about 507·5 per thousand per annum and this compared with the comparatively small death rate on the outward voyage shows that the pilgrims undergo much hardship and privation while visiting the holy cities. A case of plague occurred on one of the 24 homeward bound ships and 99 cases of small-pox were distributed among 14 of the ships. The plague patient was landed at Bombay and sent to hospital, while of the patients suffering from small-pox 20 died during the voyage, and 19 were landed at intermediate ports and the remainder at Bombay where they were sent to hospital. Vaccination was offered to the pilgrims among whom small-pox occurred, but the majority refused it. After persuasion and example, 3,729 pilgrims and 84 sailors were vaccinated. The small-pox infected ships were thoroughly fumigated, and the clothing and bedding of 9,849 pilgrims among whom small-pox appeared were disinfected before the pilgrims were handed over to the Protector of Pilgrims for despatch to their homes. The effects of 1,052 members of the crew of the infected ships were also disinfected.

152. The staff of the *Central Research Institute*, Kasauli, conducted investigations during the year into (a) dysentery at Bombay, (b) some aspects of malaria in the Punjab, (c) the relation of hypodermic and intramuscular injections of quinine to tetanus, and (d) a new method of anti-rabic treatment by means of dead rabies virus. Reports of the results of the investigations are under preparation. In November 1909 an enquiry into epidemic dropsy in Calcutta was commenced, and is in progress.

Short courses of instruction in clinical bacteriology and technique were given at the Institute throughout the year and were attended by 32 officers of the Indian Medical Service. The course includes instruction in the practical application of bacteriological knowledge to the conditions in which diseases are met with in India, and methods of improvising small laboratories for clinical bacteriological work on the plains.

The demand for curative sera and vaccines continued to increase, and during the year the Institute complied with indents to the following extent—

Anti-venomous serum	...	...	...	3,580	doses.
Anti-diphtheritic serum	...	...	...	1,191	„
Anti-tetanic serum	...	...	...	1,200	„
Anti-streptococcus serum	...	...	...	173	„
Anti-typhoid vaccine	...	...	...	1,500	„
Anti-tubercle vaccine	...	...	...	2,245	„
Anti-staphylococcus vaccine	...	...	...	199	„
Acne vaccine	...	...	...	48	„

Of the above, anti-tetanic and anti-streptococcus sera are obtained from England and stocked for issue. The total sum realized on account of the sera and vaccines issued from the Institute during the year amounted to Rs. 14,618-8-0. In addition the Institute now prepares a polyvalent curative dysentery serum which is available for issue on demand.

The other work carried out by the Institute included the preparation of a vaccine for each of 50 special cases of bacterial infections; the examination of 1,850 specimens of a miscellaneous collection of pathogenic material with a diagnosis in each case; the examination of 35 tumours, a diagnosis being given



for each after cutting and staining sections. In addition in about 100 instances written instructions and advice were given on subjects connected with infectious diseases, vaccine therapy, etc., to medical officers in the country.

*The Bombay Bacteriological Laboratory* continued to be conducted as (a) the Plague Laboratory for the whole of India, and (b) the provincial Bacteriological Laboratory. During the year, 593,164 doses of anti-plague vaccine were issued, an increase of 59,849 doses on the number issued in the previous year. The increase is evidence of growing confidence in this method of combating plague. The surest proof of the efficacy of the anti-plague vaccine is the continued immunity of the staff employed at the Laboratory where experiments are constantly being made in which hundreds of plague infected fleas are used, and where it is the constant duty of the staff to handle rats from which it is easy to collect large numbers of fleas, some of which must be plague infected. Yet the staff, numbering 111 persons, who are regularly inoculated every year, escape infection. In connection with the mitigation of plague, the failure of the Clayton gas apparatus and Leybold's apparatus to rid Indian huts of rats and fleas, led to the institution of experiments with hydrocyanic gas. It was found that the gas is very fatal to insects, flea eggs and larvæ, but that it has no lethal action on the plague germ. The experiments were directed to (a) the disinfection of clothing and (b) the disinfection of plague infected houses. As to the first, if a specially constructed godown is used, it is possible to deliver clothes free from fleas in 30 minutes, and there is no damage to fabrics. In regard to houses, small rooms can be cleared of rats and fleas in an hour, but the danger from the diffusion of the gas is too great to permit of its use in crowded localities and city tenements. The application of the gas is possible to isolated huts only or to villages totally evacuated, and moist food stuffs would require to be removed during fumigation as they are said to absorb the poison: on the other hand dry grains remain unaffected. Experiments were also conducted with Naphthaline and Acorus calamus as insecticides: the former is a powerful pulicide but slow in its action, while the latter is not sufficiently powerful to be of practical use for removing fleas from clothes.

As in previous years the Laboratory made *post mortem* examinations of rats found dead or caught within the bounds of the municipality. During the year 91,540 rats were examined and 9,600 found to be plague infected, against 110,512 and 13,489, respectively, in the previous year. Practical instruction in the examination of rats and the diagnosis of plague in them was afforded to a considerable number of medical men. Many were also shown the methods employed for the manufacture of anti-plague vaccine, and others instructed in the technique of inoculation work.

There was an increase in the work done by the Laboratory as the provincial institution; 919 pathological fluids and discharges, 38 specimens of urine, 211 new growths and other tissues and the brains of 38 animals dying of symptoms suspicious of rabies were examined. During the year 47 snakes were received for the extraction of venom, and experiments were carried out to test the value of a Mexican remedy "Ofidina," an alleged antidote for the bites of all poisonous snakes, which however was proved to be useless. An officer of the Laboratory was deputed to investigate cerebro-spinal meningitis in the prison at Hyderabad (Sind) and prepared a report on the subject. Assistance and advice were afforded by the examination of 112 animals sent for identification or as to the cause of death, and by the examination of samples of



disinfectants. A large amount of work was done in connection with vaccine-therapy. Two hospitals in Bombay were visited twice a week by the Director to examine and treat cases suitable for such treatment. Besides stock vaccines of various kinds, 72 autogenous vaccines for special cases were prepared. Bacteriological equipment and material were supplied to medical officers in all parts of India. Certain descriptions of sera continued to be stored for sale on behalf of the Lister Institute. Two courses of instruction for Sub-Assistant Surgeons were held with good results.

The report of the Micro-biological section of the *King Institute of Preventive Medicine*, Madras, for 1909, is for the nine months ending 31st December as the first quarter of the year was covered in the preceding report. In the period under review the systematic examination of the water-supplies of the Presidency was continued, each supply being examined once a quarter. In addition the systematic examination of water-supplies of the jails in the Presidency was commenced and it was arranged that each should be examined half-yearly. This work has constituted the bulk of the routine work of the Institute. The Assistant Director, Captain Patton, I.M.S., returned from leave in August 1909, and the appointment of Deputy Superintendent, held by a Military Assistant Surgeon, was then abolished. In addition to his routine work in the Vaccine Section of the Institute, Captain Patton was actively engaged on protozoological work. In respect of vaccine-therapy a few encouraging results were obtained by the use of vaccines prepared from organisms derived from patients, but the development of this work is not possible with the present staff of the Institute. The amount of pathological and other material sent for examination continued to increase, and during the nine months under report, 2,444 specimens were received. Of the total 2,425 were examined, but in a considerable number of instances the specimens were unsuitable, the majority being of rats in so decomposed a condition as to render it impossible to say whether they were plague infected or not. In 19 instances the material sent was either too little, too much or unsuitable. Courses of instruction in Minor Sanitary Engineering and in Vaccination were, as usual, held for students of whom 44 attended the former and 28 the latter.

The work of the Vaccine Section of the Institute has been referred to in Section VII of this report.

At the *Pasteur Institute*, Kasauli, there was a large increase in the number of persons afforded anti-rabic treatment during 1909. Of the total of 2,062 persons who came for treatment, in the case of 125 it was not considered necessary for them to undergo the course. There was, therefore, a total of 1,937 persons who underwent a complete course of treatment, compared with 1,389 persons during the previous year. Patients came from all provinces, except Madras from where they now proceed to the Institute at Coonoor. Of the total, 500 were Europeans and 1,437 Natives, compared with 342 and 1,047, respectively, in the preceding year. There were 24 deaths from hydrophobia among those treated, giving a mortality of 1·2 per cent, but excluding those who died during treatment or within 15 days of its completion, the number of failures falls to 11 only, giving a ratio of 0·57 per cent, against the general average of 0·67 per cent for the Institute. Further modifications have been made, in the light of experience, in the treatment carried out at the Institute.



In regard to the work of the Institute as the provincial Bacteriological Laboratory for the Punjab, the Director remarks that Civil Surgeons in the province do not appear to have yet realized that a laboratory exists for furnishing reports on pathological material on which an opinion is desired. At the same time examinations were made in 1,716 cases, and in addition an investigation was carried out into the poisonous characteristics of *ak* juice (madar) with special reference to the minimum lethal doses for animals. The laboratory was used by Major Perry, I.M.S., Deputy Sanitary Commissioner, Punjab, for work connected with investigations into malaria, and by Captain Forster, Professor of Pathology, Lahore Medical College, in connection with the vaccino-therapy and etiology of dysentery.

At the *Southern India Pasteur Institute*, Coonoor, 658 persons were afforded anti-rabic treatment during the year ending 28th February 1910, compared with 340 persons during the previous year. Of the total 175 were Europeans and 483 Natives. All the patients came from Southern India, with the exception of two from Bengal and 39 from Burma. During the year, no patient died during treatment, but two against one the previous year died in less than 15 days after completion of the course, and one against one, more than 15 days after. The percentage of failure was .15 in 1909-10, against .29 in the previous year if the deaths which occurred within 15 days are omitted, and .45 and .58, respectively, if they are included.

Investigations were carried out in connection with the different appearances of Negri bodies under varied conditions, and into the problem of immunity in general as illustrated by hæmolytic methods. Sections of 653 pieces of material were cut and examined.

153. *Plague*.—The Plague Research Commission continued their investigations into the etiology of plague, their headquarters being at the Bombay Bacteriological Laboratory. Work on the experimental production of plague epizootics among *Mus. rattus* was carried out and the progress of the epizootic in the godowns at different periods, observed. The laboratory staff assisted in the examination of a large number of rats in connection with the systematic study of 'resolving' plague, and the Commission investigated all rats showing signs of resolving plague and obtained information as to the infectivity of the lesions found. Experiments in breeding from *Mus. rattus* from wild stock were instituted and several litters successfully reared, important facts regarding the fecundity, breeding habits, rate of growth, etc., of these rats being obtained. The treatment of plague cases with Yersin's serum was continued, and information as to its value will be published in due course. The results of the work of the Commission are periodically published by the Advisory Committee for Plague Investigation in India. A summary of the chief conclusions arrived at by the Advisory Committee as the result of the investigations made under their direction from 1905 to 1909 into the mode of the spread of plague in India will be found in paragraph 96, Section VI, of this Report.

*Dysentery*.—A report on the enquiry which is being conducted by officers of the Central Research Institute is in the Press for publication as a Scientific Memoir, and a further report will appear after the conclusion of the enquiry.

*Fail Dietaries*.—Captain McCay, I.M.S., has completed his investigation. The first report on the subject was published as No. 37 of the Scientific Memoirs, and a second report is now in the Press for publication.



*Malaria.*—In August 1909 the Government of India addressed the several local Governments and Administrations on the subject of a proposal by the Sanitary Commissioner with the Government of India that a permanent organisation should be formed to enquire systematically into problems, both practical and scientific, connected with malaria in India. They pointed out that because it is essential that the people of this country should be persuaded to adopt the measures that may be most suitable to the areas in which they live, any scheme for an organised attempt to deal with the malaria problem throughout India must be framed in consultation with administrative officers intimately acquainted with local conditions in the various provinces; and they stated that for this reason the Governor-General in Council had decided to convene a conference to examine the question and to draw up a plan of campaign for the consideration of the Government of India and local Governments. The attendance of certain selected officers was arranged by the Government of India and administrative officers of experience, medical officers, and Indian gentlemen were delegated to the conference by local Governments and Administrations. The conference was opened at Simla by His Excellency the Viceroy and Governor-General on the 12th of October 1909 and meetings were held daily until the 18th. The resolutions and recommendations passed by the conference were published in the last issue of this Report and the printed copies of the complete proceedings were widely circulated in February 1910.

The nature of the proposed organisation for dealing with malaria in India was outlined at the conference by the Sanitary Commissioner thus :

I.—A committee in each province of three or four members personally interested in the malaria problem, enjoying the confidence of the local Government and prepared to obtain information and supervise local enquiries. They should, perhaps, control the agency for the distribution of quinine. One of their first duties would be (in association with the provincial Sanitary Department) to ascertain the real causes of death in different localities, and to set in motion an enquiry in each district regarding the relation of the fever season to the drainage and rainfall.

II.—Every autumn each provincial committee would delegate, under the orders of the local Government, one of their members to attend a meeting of a General Committee in Simla. This General Committee would consist of the provincial delegates, the Sanitary Commissioner representing the Government of India, with Major James as Secretary.

III.—The Government of India would appoint a Central Scientific Committee consisting of Lieutenant-Colonel Semple, Major James (Secretary), Captain Christophers, and the Sanitary Commissioner, with power to add to their numbers.

A certain number of workers would be entertained under the Central Scientific Committee, and, when necessary, workers might be deputed to serve under the provincial committees. Such workers during the time of their deputation would, of course, be under the control of the local committee; but, in order that the purpose of the whole organisation should not be defeated, relations of mutual confidence would exist between the central and local committees, and there would be full interchange of views, not only on the occasions of the annual meeting, but by means of correspondence at all times.

The Conference strongly supported the establishment of this organisation, and, on the 2nd of February 1910, the Government of India, in circulating the



report of the proceedings, addressed the local Governments and Administrations with reference to it and to the other resolutions and recommendations passed. In this letter the Government of India agreed with the conference as to the need for detailed investigation of the epidemiology and endemiology of malaria in India and approved the organisation that the Sanitary Commissioner had outlined. They hoped that the several local Governments and Administrations would co-operate with them by establishing provincial organisations to work in consultation with the Central Scientific Committee and from which delegates would be selected to meet annually as a General Committee. They invited special attention to the importance of carrying out the statistical enquiries recommended by the conference, and requested that orders might be issued for the initiation of these enquiries with a view to the preparation of malarial surveys of the different provinces. They specified nine subjects upon which information should be collected. They pointed out that while many of the suggested investigations could be carried out by the existing staff in the provinces, some of them demand expert knowledge, and for this reason they proposed that a class consisting of one medical officer and one medical subordinate from each province should assemble at a malarious place in the Punjab to be instructed by Captain Christophers. Finally, they defined under the following headings the work that would be done by the Central Scientific Committee :

A.—*Routine work*.—(1) An investigation of the distribution in India of the different species of anopheles. A type collection will be formed and arrangements will be made for the identification of specimens sent by collectors. Instructions regarding the method of making collections will be issued. (2) Biological facts regarding the different species of anopheles will be collated from the reports of provincial workers and others. (3) The comparative prevalence of the different varieties of the malaria parasite will be ascertained and a critical examination of blood specimens will be carried out systematically. (4) When sufficient information regarding any subject of inquiry is accumulated a bulletin for general information will be issued.

B.—*Work in the field and laboratory*.—The investigation will be commenced of such questions as the following:—(1) The reason for exemption from malaria of certain tracts in which conditions are apparently favourable to it. (2) The conditions leading to the presence of intense malaria in certain areas. (3) The conditions determining epidemic prevalence. (4) The transmission of malaria (a) A study of the bionomics of anopheles. (b) The effect of multiple inoculations of parasites by a study of culex and proteosoma, etc. (c) The production of gametes in different conditions—(i) The relation of production to single attacks, to relapses and to the state of constant infestation occurring in children in endemic areas. (ii) The effects of scarcity, temperature, and other conditions. (5) The cause of the resistance to the action of quinine of certain cases of malaria and the action of the drug on the parasite in—(a) simple cases and relapses, (b) multiple infections and infestations, (c) cases of long continued malarial infection and enlarged spleen. (6) The causes of hæmolysis *in vivo*, the production of anti-bodies and the intimate pathology of malaria. (7) Conditions unfavourable to the life of the larvæ of anopheles, including a study of the action of different kinds of fish. (8) A study of the epidemiology of *kala-azar* and of other conditions of splenomegaly not apparently associated with the parasites of either malaria or *kala-azar*. (9)



The action of quinine ; the effect of the quinine treatment of man in preventing the infection of mosquitoes ; the effect of large doses of quinine on the production of gametes, etc.

Amritsar in the Punjab was chosen as a very suitable place in which to hold the class of instruction referred to in the above letter, and for the purposes of a laboratory a house was secured there. The course of instruction lasted from the 15th of March to the 30th April 1910 and was attended by medical officers and medical subordinates from all the larger provinces. The arrangements made by Captain Christophers were excellent and in view of the desirability of repeating the course from time to time and of possessing a permanent laboratory in a malarious locality, the Sanitary Commissioner recommended to the Government of India that the house should be taken on a three years' lease. This was sanctioned and the laboratory now forms a permanent home for investigation and teaching in connection with malaria. At a second class held from the 15th October to the 26th of November 1910 accommodation was provided for a few sanitary officers from the army and from municipalities.

The Central Committee held their first meeting on the 12th May 1910 and the present position of the work assigned to them may be summarized as follows : (1) A Central Malaria Bureau has been opened at "Sunnybank," Kasauli. (2) A laboratory has been established at Amritsar. (3) The first number of *PALUDISM*, which is a periodical containing accounts of the work accomplished in India and of such work done elsewhere as will be helpful to Indian investigators, was published in July 1910 ; in the same month a pamphlet of instructions to collectors of specimens for the Central Malaria Bureau was widely circulated. (4) The most urgent subjects for investigation by workers appointed at the instance of the Central Committee are considered to be, (a) a continuation of the enquiry into epidemic malaria, (b) an enquiry into endemic malaria, (c) an enquiry into the bionomics of *anopheles*, (d) enquiries into the action and use of quinine. In regard to the first of these Captain Christophers has completed his enquiry into the causation of epidemic malaria in the Punjab and his report is now in the Press for publication as one of the Scientific Memoirs. For the second and third investigations further assistance is required, but in the meantime the Government of India have sanctioned the deputation of Major Perry, I.M.S., who has been thoroughly trained at the Amritsar and Kasauli laboratories. The lines on which the Committee consider that the fourth subject of enquiry should be conducted were published in the first number of *PALUDISM*. It is hoped to get a part of the investigations done in prisons and to that end several Inspectors-General of Prisons are co-operating. Meanwhile Lieutenant-Colonel Semple has completed an enquiry into the relation of quinine and tetanus and Captain MacGilchrist, I.M.S., has completed an enquiry in connection with the action and therapeutics of quinine. The reports of both these investigations will be published shortly as Scientific Memoirs.

The first meeting of the General Committee was held at Simla under the Presidency of the Sanitary Commissioner with the Government of India on the 3rd and two following days of November 1910. It was attended by the members of the Central Committee and by a delegate from each province. The principal subjects discussed were the administrative arrangements that have been and are being made for the investigation of malaria in India generally and in the different provinces, the scientific results that have been obtained since



the Imperial Malaria Conference, and the programme of future work. The report of the meeting will be published in the next number of PALUDISM, which it is hoped to issue shortly.

The report by the Committee appointed in October 1909 by the Government of India at the instance of the Secretary of State to enquire into the measures taken against malaria in the Lahore (Mian Mir) Cantonment has been published and distributed.

*Kala-azar and Oriental Sore.*—In the issue of this report for 1906, attention was directed to the discovery made by Captain Patton, I.M.S., that the parasite of kala-azar may sometimes undergo development in the body of a species of bed-bug. Since then Dr. Nicolle, of the Pasteur Institute at Tunis, has made the very important discovery that parasites morphologically resembling those of kala-azar are not infrequently present in dogs; but as regards finding the transmitter of the disease Captain Patton's observation still represents the furthest stage that has been reached. Recently it has been realized that the problem might, perhaps, be solved by a study of the mode of spread of oriental sore, and attention has therefore been directed to that disease. The successful transmission of oriental sore to dogs or to monkeys by direct inoculation has recently been reported by Nicolle and Manceaux, Row, and others, and it has therefore been held by some that a biting and blood-sucking intermediary is not essential; but the more general view is that the usual carrier is an insect or arachnid with those characters, and the possible role of "sand flies" (*Phlebotomus papatasi*), mosquitoes, lice, and bugs has received attention. In June 1910 Captain Patton was placed on special duty to attempt to solve the problem and he selected Cambay in the Bombay Presidency as a suitable place for the enquiry. Neumann had already reported that at certain periods during the course of oriental sore the parasites are present in the circulating blood, and early in his investigation Captain Patton found that from time to time the sores become puffy and swollen at their margins as a result of a very active multiplication of the parasites and invasion of the cells. During one of these periods he found parasites in smears of peripheral blood taken a "considerable distance" from the sore, an observation which, in his view, suggests that when the sores become puffy and swollen numbers of parasites are discharged into the circulating blood. Captain Patton's experiments to find the natural transmitter of the disease were carried out with house flies, mosquitoes (genus *Stegomyia*), head and body lice, and bed-bugs (*Cimex rotundatus*). He reports that except those with the bed-bugs all his experiments gave negative results. The experiments with the bed-bugs were carried out to ascertain (1) if the parasites reach the stomach of the bug, and (2) if the parasites undergo development and "flagellation" there. During June, July and August about 250 bred specimens of *Cimex rotundatus* were fed "on the surface blood" of two patients and dissected at suitable intervals. It was proved that some of the bugs had ingested parasites, but for a long time no evidence that the parasites undergo development was obtained. Captain Patton then directed his attention to the observation that in Cambay nearly 95 per cent of all patients become infected during the cold season, and he therefore decided to imitate the cold weather conditions by keeping the fed bugs in tubes surrounded by ice. These new experiments were begun on July 25th, and on August 8th the stomach of one out of eleven nymphs was found to contain about 20 pairs



of long flagellates actively motile and dividing. Now that the cold season in Cambay has begun a greater number of experiments based on this suggestive finding are in progress.

*Epidemic dropsy and beri-beri.*—In December 1909 Captain E. D. W. Greig, I.M.S., commenced an enquiry into an outbreak of “epidemic dropsy or beri-beri” that had occurred in Calcutta. His report has not yet been published, but the importance of the subject justifies a brief account of the preliminary results. In the first place it is important to note Captain Greig’s definite statement that the signs and symptoms of the disease which he investigated differ considerably from the signs and symptoms of beri-beri as observed among Chinese patients; evidently Captain Greig is of opinion that the disease in Calcutta was correctly termed epidemic dropsy and that epidemic dropsy is a disease distinct from the beri-beri of Chinamen in Calcutta. He considers, however, that it closely resembles the disease called “ship beri-beri” as defined by Holst, Nocht, and a committee held in Norway in 1902; and, as in that type of beri-beri, scorbutic symptoms are frequently present. In the second place, as regards the etiology of epidemic dropsy, Captain Greig found (1) that it is not infectious, (2) that no germ which might be suspected as the cause could be found in the blood or excreta of patients, (3) that in all probability the disease is due to defective nutrition resulting from the use of a diet which, owing to a deficiency in certain constituents essential for physiological requirements, is “one sided” in character, (4) that the absence of a proper amount of those essential constituents from the diet of Indian communities, and consequently the “one sidedness” of the dietary, may arise in a variety of circumstances and that it occurs, for example, when the price of food grains remains at an unusually high level for a considerable period, (5) that in the particular outbreak which he investigated, the absence of a proper amount of the essential constituents of the diet arose from the use, as the staple food, of a kind of rice or of wheat from which, during the process of milling, the outer layers of the grain had been removed, (6) the essential constituents are present in the outer layers of the grain and the chemical researches carried out by Mr. Hooper showed that phosphorus was markedly deficient in the steam milled rice and wheat as compared with the amount in rice and wheat prepared by hand.

Some of these interesting results were obtained by investigating the distribution of the disease in Calcutta. A community of Indian merchants, Marwaris, living in the centre of the affected area in Calcutta did not record any fatal case of epidemic dropsy, whilst Bengalis living in the same wards were dying from the disease: further it was observed that the better class European community in Calcutta did not contract the disease. These three communities were living in similar climatic and other environmental conditions, but they differed markedly from one another in respect of dietary. These findings led to a careful experimental and chemical study of the diets of the Bengalis and Marwaris, and the results of the chemical analyses showed that the Bengali diet was much poorer than the Marwari diet in certain essential constituents, particularly in phosphoric anhydride. The rice used by the Bengalis had undergone a process of “polishing” by which the layers containing the phosphorus, fat, and nitrogen had been removed; and similarly the wheat flour used by that community had been so finely sifted that it was very poor in those essential constituents.



According to Captain Greig, therefore, the habitual consumption, as the staple food, of steam milled rice and wheat ("polished" rice and finely sifted flour) were the cause of the outbreak of epidemic dropsy in Calcutta, and he considers that the disease can be prevented (1) by using "unpolished" food grains, or (2) by adding rice and wheat bran (the "polishings") to the diet, or (3) by substituting for a portion of the steam milled grains a sufficient quantity of other grains, such as *mung dhal*, which are rich in the requisite constituents, *or a sufficient quantity of fresh meat*.

From the scientific point of view another aspect of the subject is important. It will be noted that although Captain Greig regards epidemic dropsy as a disease distinct from beri-beri, his view of its causation is identical with a view of the causation of beri-beri that has recently been accepted as correct by a number of observers. This apparently contradictory result is perhaps due to the confusion that exists in regard to the diseases which the word "beri-beri" connotes. During recent years writers on beri-beri have made it appear that the word connotes only one disease, but doubtless the correct view is that it connotes several diseases, and that we should speak, not of "beri-beri," but of "the beri-beris," just as we speak correctly, not of "dysentery," but of "the dysenteries." The source of the word "beri-beri" is not definitely known, but according to Aitken it was "the name given by the Malabar physicians to almost every fatal form of debility—paralysis of various kinds, reflex paraplegia, dropsy, anasarca, cachexia, scurvy, and anæmic rheumatism, with various diseases of the heart and pericardium." If we accept this statement as being correct we can easily understand why later writers, who desired to regard the word as connoting only one disease, have described so many "forms" of beri-beri, and why so many different causes have been assigned,—in all probability the "forms" are different diseases and the causes are the causes of those separate morbid states. If the descriptions of the different beri-beris of which the causation is now known were re-written, it would be possible to ascertain whether the etiology of all the beri-beris has been discovered.

154. Since the issue of the last report, two numbers of the Scientific Memoirs have been published, No. 37, *Investigations on Bengal Jail Dietaries*, etc., by Captain D. McCay, I.M.S., and No. 38, *Preliminary Report on the killing of Rats and Rat Fleas by Hydrocyanic Acid Gas*, by Captain W. D. H. Stevenson, I.M.S. Several papers are in the Press for publication. The first number of *Paludism*, being the Transactions of the Committee for the Study of Malaria in India, referred to in paragraph 153—*Malaria*—above, was issued in July 1910 and copies circulated widely. A pamphlet of instructions to collectors of specimens for the Central Malaria Bureau was drawn up by the Committee and copies distributed to those likely to find them useful.

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*Sanitary Commissioner with the Government of India.*





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APPENDICES

TO THE

Annual Report of the Sanitary Commissioner with the  
Government of India

FOR

1909.

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Table I.—Highest, lowest and mean temperature in shade and its departure from the

Station.	JANUARY.				FEBRUARY.				MARCH.				APRIL.				MAY.				JUNE.			
	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Calcutta (Alipore)	87°1	51°2	70°2	+4°0	93°2	52°0	72°4	+1°3	102°7	56°5	83°2	+3°0	100°2	67°0	83°0	−2°7	98°7	71°5	86°8	+0°9	95°2	75°0	84°0	−0°9
Narayanganj ...	83°5	49°8	67°7	+1°2	89°5	49°8	69°4	−1°1	97°5	58°8	80°9	+1°8	96°0	65°3	80°2	−3°6	94°5	69°8	84°6	+1°1	93°5	75°8	83°7	0
Chittagong ...	83°1	49°9	68°4	+1°5	91°5	49°0	70°0	−0°7	95°5	57°0	77°5	+0°4	91°5	66°0	78°8	−2°6	91°5	69°0	82°3	+0°8	90°5	73°5	82°1	+0°5
Sibsagar ...	72°6	40°7	59°3	−0°5	81°6	45°2	63°1	−0°1	89°6	52°7	69°7	+1°9	88°6	61°6	?	?	92°6	63°6	75°3	−3°5	94°6	69°6	79°8	−3°1
Silchar ...	81°3	45°8	65°1	+0°1	91°3	46°8	67°9	−0°3	98°8	50°8	77°2	+2°6	98°3	65°3	77°7	−1°1	94°3	67°3	81°0	+0°4	95°8	72°8	82°9	+0°2
Cuttack ...	90°9	54°7	73°4	+1°2	95°9	62°2	76°3	−1°7	105°4	62°2	85°0	+0°2	101°9	68°7	84°8	−5°3	106°9	74°7	90°4	−0°5	98°4	75°2	84°9	−2°9
Hazaribagh ...	80°7	46°3	63°8	+2°0	87°7	45°3	65°8	−0°5	96°7	57°3	77°3	+1°1	97°7	63°3	79°1	−6°3	105°2	73°3	88°8	+1°5	94°7	71°8	81°6	−2°6
Patna ...	80°5	43°2	63°8	+2°2	88°5	43°2	65°5	−0°5	100°0	54°2	78°5	+1°1	102°5	67°7	82°4	−4°6	106°0	72°7	90°0	+1°1	102°5	73°7	85°2	−3°0
Darjeeling ...	53°3	30°7	41°8	+0°9	62°3	29°7	43°5	+1°7	68°3	40°2	54°2	+4°8	67°3	43°7	52°9	−2°8	70°3	49°2	58°9	+0°7	71°3	53°2	61°2	+0°5
Allahabad ...	82°1	39°5	63°0	+1°8	96°1	40°5	66°2	+0°2	102°6	53°0	78°5	+1°0	104°6	64°5	84°5	−3°6	112°1	70°0	93°6	+0°4	104°6	76°0	86°8	−5°3
Lucknow ...	80°0	39°1	61°5	+1°1	92°0	40°1	65°2	+0°3	102°0	52°1	77°1	+1°2	104°0	63°1	82°4	−4°3	109°5	67°1	90°7	−0°8	105°0	72°1	86°9	−4°0
Meerut ...	75°1	37°3	56°8	−1°0	82°6	38°8	61°3	−0°2	97°1	45°8	71°8	−0°5	101°1	59°3	78°9	−4°5	108°1	62°8	87°4	−2°1	106°6	69°8	87°7	−2°8
Delhi ...	73°2	41°2	58°4	−1°0	84°2	37°2	63°6	+0°3	98°2	51°7	75°1	+0°2	102°2	63°2	82°2	−4°4	109°7	63°7	90°8	−1°7	108°7	71°2	89°7	−3°6
Agra ...	76°5	39°5	59°2	−2°0	85°5	40°5	63°6	−1°9	98°5	52°5	75°5	−1°4	101°0	64°5	82°8	−5°4	110°5	63°0	91°4	−3°0	108°5	74°0	91°4	−3°0
Jhansi ...	83°0	46°0	64°0	+0°2	91°5	48°0	68°3	0	101°5	58°0	80°6	+0°9	103°5	65°0	86°2	−4°4	111°5	76°0	95°8	−0°2	110°5	76°0	91°2	−2°3
Ajmer ...	76°9	40°2	58°9	−1°0	86°9	39°7	63°2	−0°4	94°9	52°2	75°1	+0°7	100°4	62°7	82°9	−2°5	104°9	65°2	90°1	−1°5	109°9	75°2	92°2	+1°6
Saugor ...	83°6	45°0	65°4	+1°0	90°1	44°0	63°2	−0°2	98°6	58°5	79°6	+1°3	102°1	54°5	83°0	−4°2	108°6	71°5	92°1	+0°3	107°6	70°0	85°2	−2°4
Jubbulpore ...	84°5	40°8	65°0	+2°2	91°5	41°3	66°4	−1°0	99°5	51°3	77°1	+0°3	101°0	63°3	82°0	−4°3	108°5	69°8	91°7	−0°6	108°5	73°3	87°3	−0°4
Multan ...	71°3	38°0	54°8	−2°0	79°8	39°5	59°3	−1°4	96°8	49°5	71°7	−0°8	102°3	63°0	82°4	−1°5	115°3	65°5	92°3	+0°2	117°8	79°0	98°1	+2°3
Lahore ...	71°9	34°2	53°2	−1°7	81°4	36°2	57°8	−0°6	93°9	45°2	69°0	−0°7	100°9	58°2	78°4	−2°9	115°4	59°7	88°5	−0°7	112°9	69°7	93°3	−0°1
Peshawar ...	65°2	32°4	48°0	−3°6	77°2	32°9	53°5	−0°9	85°2	43°4	63°9	−0°2	93°2	55°9	74°1	+0°3	109°2	58°4	83°0	−1°3	113°2	68°9	91°4	−0°2
Chakrata ...	61°3	21°2	41°6	−1°8	61°8	27°7	43°8	+0°2	71°8	37°7	55°9	+2°9	75°3	42°7	58°5	−2°8	81°3	52°7	67°0	+1°5	78°3	53°2	64°8	−2°4
Indore ...	85°1	43°1	65°5	+0°9	90°1	42°6	68°6	+1°0	100°1	54°6	78°3	+1°8	103°6	62°1	82°9	−2°3	107°1	70°1	90°0	+0°6	104°1	70°1	84°7	−0°2
Deesa ...	88°3	40°9	66°1	−1°3	92°8	46°9	70°8	−0°1	103°8	51°4	79°7	−0°2	111°3	66°4	86°4	−1°6	113°8	66°4	91°6	−0°6	115°3	77°4	91°5	+0°2
Karachi ...	78°5	45°5	64°6	−1°1	86°5	54°0	69°8	+0°9	92°0	61°0	75°2	−0°9	91°0	70°5	80°1	−1°7	109°0	68°5	83°8	−0°1	93°0	81°0	87°0	+0°4
Bombay ...	83°5	61°5	73°3	−1°9	86°0	65°0	75°3	−0°4	91°5	70°5	80°1	+0°6	91°0	73°5	82°8	−0°4	94°0	79°5	87°0	+1°3	95°5	74°5	84°2	+0°7
Belgaum ...	90°3	53°6	72°6	+2°1	93°8	52°6	74°1	0	96°8	61°1	79°9	+0°9	102°3	60°6	79°6	−2°2	101°3	64°6	80°6	−0°1	90°3	64°6	73°7	−0°7
Nagpur ...	90°6	49°6	71°5	+1°9	94°6	50°1	74°3	−0°4	103°6	58°1	85°6	+0°5	105°6	61°6	84°6	−6°3	111°1	77°3	94°5	−1°1	109°6	73°3	87°5	−1°0
Bellary ...	95°0	58°3	76°7	+2°6	99°0	59°3	81°3	+1°5	104°0	65°3	86°0	−0°3	111°0	70°3	89°1	−1°2	107°0	72°3	89°3	−0°8	101°0	74°3	86°0	+0°9
Bangalore ...	88°3	53°8	70°3	+1°8	92°8	55°8	73°9	+1°2	95°8	59°8	78°9	+1°2	95°8	62°3	80°7	−0°6	93°8	64°8	79°1	−1°2	91°8	64°8	76°4	+0°7
Madras ...	87°5	64°5	75°9	−0°2	89°5	66°5	78°0	+0°6	93°5	66°5	79°9	−1°2	98°0	68°5	84°6	−0°5	106°0	74°5	88°9	−0°9	103°0	69°5	89°4	−0°3
Rangoon ...	92°6	62°4	77°9	+1°3	99°6	63°9	81°4	+2°0	100°1	67°4	84°0	+0°2	101°6	75°9	87°7	+0°3	99°6	75°9	83°8	−0°8	89°6	74°4	81°4	−0°1
Akyab ...	85°4	55°8	71°1	+0°8	91°9	54°5	72°7	−0°5	95°9	61°0	78°0	−1°1	95°9	69°5	82°1	−1°8	97°4	74°0	84°2	−0°2	88°9	73°5	80°9	−1°2



average of each month at thirty-three stations in India during 1909.

JULY.				AUGUST.				SEPTEMBER.				OCTOBER.				NOVEMBER.				DECEMBER.				Station.
Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
92°2	76°5	83°7	+0°4	92°2	74°0	82°9	+0°2	93°7	75°5	83°6	+0°8	91°7	66°0	81°2	+0°7	89°7	59°0	75°2	+2°2	83°2	52°0	67°6	+1°3	Calcutta (Alipore).
93°5	75°8	84°2	+0°5	91°0	74°8	82°0	−1°3	94°0	75°3	84°4	+0°7	91°0	69°8	81°1	−0°5	88°0	62°3	75°8	+1°0	87°0	54°8	68°4	+0°8	Narayanganj.
90°0	75°0	81°6	+0°5	88°0	73°0	79°8	−1°1	91°0	74°0	82°1	+0°6	90°0	71°5	80°6	+0°7	87°5	60°0	74°8	+0°3	85°0	52°0	68°6	+0°5	Chittagong.
94°6	68°6	80°8	−3°2	94°6	?	?	?	93°6	74°0	81°2	+0°5	89°6	63°0	78°3	+0°5	82°1	55°0	70°5	+1°6	76°6	43°0	62°2	+1°1	Sibsagar.
99°3	72°3	84°6	+0°9	97°3	74°3	81°7	−1°5	97°3	73°3	83°6	+0°6	92°8	70°3	81°9	+1°4	91°8	57°3	75°0	+0°7	86°8	51°3	67°2	−0°1	Silchar.
93°4	74°2	82°6	−1°6	93°4	75°2	84°3	+0°5	94°4	74°7	83°4	−0°8	93°4	64°2	81°9	−0°4	91°4	59°2	76°0	+0°4	84°4	58°2	70°5	+0°1	Cuttack.
90°7	70°3	79°1	−0°1	86°7	69°8	78°1	−0°4	89°7	70°3	78°3	−0°2	86°2	60°8	75°1	+0°1	85°7	53°3	69°2	+1°6	76°7	47°3	62°3	+0°9	Hazaribagh.
96°0	73°2	85°3	+0°3	93°0	74°7	83°0	−1°4	92°5	75°7	84°4	−0°2	90°5	64°7	80°3	−0°1	88°5	56°2	72°7	+1°6	80°5	47°2	64°0	+1°1	Patna.
70°3	56°7	62°7	+0°9	69°3	54°2	61°9	+0°5	72°3	51°7	61°7	+1°9	71°8	47°2	58°3	+3°1	67°8	38°7	51°3	+3°0	60°3	31°2	43°7	+1°1	Darjeeling.
95°6	74°0	83°6	−2°0	96°6	74°0	84°1	−0°1	96°1	70°5	83°5	−0°7	95°1	57°0	79°1	+0°1	93°6	48°5	70°8	+1°7	81°6	43°5	62°2	+0°5	Allahaba
94°0	72°1	83°8	−2°0	94°5	75°1	84°0	−0°5	96°0	72°1	84°1	−0°3	95°0	57°6	79°1	+0°8	94°0	46°6	70°9	+2°7	82°0	42°1	61°3	+0°3	Lucknow.
97°1	71°8	84°0	−2°2	93°6	73°8	83°1	−1°5	95°1	65°8	81°4	−1°9	93°1	55°3	76°0	−0°3	91°1	46°8	68°4	+2°5	78°1	40°8	57°5	−1°3	Meerut.
102°7	74°7	84°7	−2°7	96°2	76°2	84°9	−0°7	96°7	71°2	82°9	−2°1	94°7	59°7	79°4	−0°6	93°7	52°2	71°9	+2°3	76°7	45°2	59°0	−2°3	Delhi.
97°5	77°0	85°2	−1°7	97°6	74°5	84°9	−0°1	97°5	70°0	84°3	−0°6	98°0	60°0	81°2	+0°8	97°5	50°5	73°6	+3°5	78°5	45°5	60°8	−1°7	Agra.
96°5	73°5	83°0	−2°0	94°5	74°0	83°2	+0°2	94°0	72°5	82°9	−0°9	96°5	66°5	83°2	+2°2	97°5	55°0	76°0	+4°0	83°0	48°5	64°6	−0°6	Jhansi.
95°9	73°7	82°8	−1°6	90°9	71°7	79°4	−2°4	89°9	70°2	78°9	−3°2	89°9	56°7	76°8	−0°9	91°4	48°7	70°6	+3°1	78°4	44°7	59°8	−1°1	Ajmer.
91°6	71°5	78°1	−1°5	88°6	69°5	78°1	−0°1	89°6	67°5	77°7	−1°4	91°1	59°5	77°5	+0°8	93°6	54°0	72°1	+2°5	83°1	46°5	64°5	+0°1	Saugor.
93°0	71°3	79°5	−0°8	90°5	71°3	80°3	+1°1	90°0	67°8	79°2	−0°9	90°5	53°3	75°1	−0°6	92°0	44°5	67°9	+0°4	82°5	44°3	64°4	+2°9	Jubbulpore.
111°3	75°5	93°5	−0°4	108°3	79°0	92°9	+1°5	104°8	72°5	87°5	−1°5	101°3	61°0	80°9	+1°0	95°3	49°0	72°0	+3°5	77°3	43°0	57°7	−1°5	Multan.
104°9	74°2	88°8	−1°3	102°4	74°7	88°7	+0°7	98°9	67°7	83°0	−2°8	98°4	52°2	77°9	+0°7	93°9	45°2	69°6	+4°4	77°9	39°2	55°8	−0°9	Lahore.
109°7	72°9	89°6	−1°6	105°2	73°4	88°2	−0°3	101°7	60°9	82°3	−0°8	95°2	53°4	74°5	+1°7	87°2	39°4	64°0	+2°9	71°2	32°9	50°9	−2°3	Peshawar.
75°3	57°2	65°0	−0°1	76°3	56°7	64°1	−0°1	75°3	55°2	64°3	+1°5	73°3	45°7	61°3	+2°7	72°3	38°7	55°4	+3°5	63°3	30°7	45°6	−1°5	Chakrata.
91°1	69°1	78°6	−0°5	86°1	67°1	76°5	−0°7	88°1	65°1	76°6	−1°2	92°1	53°6	75°4	−0°5	92°1	46°1	69°9	+1°3	83°6	45°6	65°0	+0°7	Indore.
100°8	74°9	84°1	−0°6	91°8	71°4	80°2	−2°1	97°3	68°4	81°9	−1°5	99°3	57°9	81°6	−0°3	98°3	52°9	75°7	+1°1	90°3	45°4	67°7	−1°3	Deesa.
93°0	75°0	84°5	+0°7	85°5	73°5	79°3	−1°6	99°5	72°0	80°7	+0°2	95°0	68°0	79°9	+0°8	93°0	65°0	77°8	+3°0	85°0	56°5	69°1	−0°4	Karachi.
87°0	75°5	80°3	−0°7	88°0	75°0	81°1	+0°6	87°0	74°0	79°9	−0°6	91°5	72°0	81°8	−0°2	91°0	68°5	80°1	0	89°0	66°0	76°9	−0°2	Bombay.
77°3	63°6	70°1	−1°3	82°3	62°6	72°4	+1°3	82°8	61°5	72°0	−0°2	87°3	58°5	74°4	+0°3	86°8	55°5	72°5	+0°9	86°3	54°5	71°1	+1°3	Belgaum.
94°6	68°8	80°2	−1°4	92°6	71°8	81°6	+0°8	92°6	69°3	80°4	−1°1	94°6	58°8	79°4	+0°2	93°6	51°8	73°2	+0°5	85°6	52°8	69°1	+1°3	Nagpur.
96°0	72°3	82°3	−0°5	97°0	68°3	82°4	+0°2	94°5	69°3	80°8	−0°9	95°0	63°3	82°2	+1°8	95°0	61°3	79°3	+3°1	92°0	55°8	76°4	+3°1	Bellary.
87°3	63°8	73°4	−0°5	86°3	64°8	74°3	+0°6	85°3	61°8	73°0	−0°6	85°8	57°8	74°3	+1°0	85°8	57°3	73°1	+2°5	85°8	55°3	71°1	+2°7	Bangalore.
102°5	71°5	86°1	−1°2	96°5	73°0	84°2	−1°4	96°0	72°0	83°5	−1°5	98°0	68°5	84°3	+2°2	94°0	67°5	81°1	+2°3	89°5	65°5	78°2	+1°7	Madras.
90°6	73°9	80°4	−0°2	90°3	73°9	81°7	+1°3	91°1	73°9	81°4	+0°6	91°1	72°4	82°1	+0°4	91°1	68°4	80°1	+0°1	89°1	62°9	77°2	−0°1	Rangoon.
89°9	74°5	80°6	−0°5	88°4	74°5	80°3	−0°6	90°9	74°0	81°4	−1°0	89°9	74°0	81°4	−0°8	87°9	65°0	77°5	−0°9	83°9	59°0	71°9	−0°9	Akyab.



Appendix to Section I.—Meteorology.

Table 11.—Monthly and Annual RAINFALL and its departure from the average at thirty-four stations in India during 1909.

Station.	JANUARY.		FEBRUARY.		MARCH.		APRIL.		MAY.		JUNE.		JULY.		AUGUST.		SEPTEMBER.		OCTOBER.		NOVEMBER.		DECEMBER.		TOTAL.	
	Departure.		Actual.		Departure.		Actual.		Departure.		Actual.		Departure.		Actual.		Departure.		Actual.		Departure.		Actual.			
	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.	Inches.			
Calcutta (Alipore)	0	—0'32	0'10	—0'90	0	—1'19	5'95	+4'52	4'52	—1'16	22'63	+11'28	9'94	—2'33	15'17	+2'79	9'29	+0'38	3'77	—0'35	0'20	—0'48	0'65	+0'43	72'22	+12'67
Narayanganj	0'05	—0'33	0'06	—1'22	1'45	—1'30	5'84	+1'33	4'14	—5'30	9'90	—2'74	8'70	—3'61	23'04	+11'03	8'29	—0'28	15'25	+10'77	0'95	—0'12	0'74	+0'58	78'41	+8'81
Chittagong	0	—0'30	0	—0'98	0	—2'74	8'15	+4'30	8'20	—2'11	15'83	—5'93	19'55	—0'39	45'91	+29'05	9'52	—1'56	14'02	+7'65	7'14	+5'66	4'94	+4'09	133'26	+36'74
Sibsagar	1'68	+0'37	1'05	—0'93	0'15	—4'96	7'47	—2'03	9'36	—3'26	14'69	+1'10	15'82	—1'30	23'66	+7'12	7'80	—4'15	7'53	+2'59	0	—0'93	0'03	—0'54	89'29	—6'92
Silchar	0'96	+0'24	0'08	—2'23	0'10	—8'51	8'32	—5'29	13'51	—3'73	21'58	—0'41	19'95	+1'52	18'86	—1'40	11'97	—1'98	8'15	+2'12	3'16	+1'91	0'78	+0'32	107'42	—17'44
Cuttack	0	—0'16	1'27	+0'81	0	—1'23	5'54	+4'56	2'29	—1'95	8'17	—2'65	17'44	+5'93	12'85	—0'35	11'69	+1'72	1'23	—4'01	0	—1'67	2'44	+2'17	62'92	+3'22
Hazaribagh	2'51	+2'03	0'10	—0'65	0	—0'80	2'36	+1'97	0'08	—2'25	6'37	—2'74	8'93	—5'48	19'37	+6'77	11'81	+2'93	0'06	—3'08	0	—0'30	0'91	+0'71	52'50	—0'89
Patna	0'10	—0'46	0'52	—0'08	0	—0'39	1'97	+1'70	0'14	—1'79	13'98	+5'44	12'05	—0'61	15'11	+2'53	6'78	—0'15	1'00	—2'26	0	—0'22	0'06	—0'04	51'71	+3'67
Darjeeling	0'13	—0'58	0'22	—0'79	0	—1'55	6'30	+1'96	9'85	+1'07	41'55	+17'78	33'45	—0'05	28'27	+1'44	13'39	—5'56	3'83	—0'52	0'05	—0'31	0'49	+0'26	137'53	+13'15
Allahabad	0'18	—0'58	0'24	—0'23	0	—0'26	1'29	+1'16	0'06	—0'23	10'96	+4'54	21'26	+9'11	4'55	—7'48	7'00	+1'84	0	—2'57	0	—0'25	0'94	+0'70	46'48	+5'75
Lucknow	0'23	—0'73	0'14	—0'30	0	—0'33	7'39	+7'35	0	—1'01	4'09	—1'62	23'47	+11'94	5'63	—6'20	5'04	—0'35	0	—1'16	0	—0'11	1'18	+0'80	47'17	+8'28
Meerut	0'71	—0'64	1'48	+0'58	0	—0'63	2'12	+1'93	0'22	—0'38	7'96	+4'47	15'82	+6'47	11'22	+1'92	7'07	+1'77	0'23	—0'12	0	—0'13	2'26	+1'78	49'09	+17'02
Delhi	0'36	—0'87	0'70	—0'01	0	—0'50	4'14	+3'93	1'64	+0'92	8'76	+5'35	10'96	+2'48	3'05	—5'47	6'74	+3'13	0'06	0	—0'11	1'53	+1'00	37'94	+9'85	
Agra	1'05	+0'52	0'21	—0'08	0	—0'26	2'81	+2'68	1'12	+0'56	2'17	—0'73	12'71	+2'11	5'92	—2'22	2'96	—1'27	0	—0'38	0	—0'11	1'22	+0'93	30'17	+1'75
Jhansi	0'39	—0'23	0'14	—0'27	0	—0'26	1'45	+1'33	0'03	—0'38	5'60	—0'46	13'38	+1'26	4'05	—7'56	4'97	—0'92	0	—0'64	0	—0'13	1'11	+0'87	31'12	—7'39
Ajmer	0'30	—0'14	0'11	—0'13	0	—0'16	2'80	+2'69	0'20	—0'41	1'87	—0'61	12'29	+1'87	3'91	—3'34	7'49	+5'16	0	—0'29	0	—0'20	1'50	+1'23	30'47	+8'67
Saugor	0'11	—0'53	0'68	+0'27	0	—0'29	2'20	+2'11	0'12	—0'38	10'09	+1'30	7'34	—7'93	15'13	+2'16	3'78	—3'53	0	—1'27	0	—0'33	0'66	—0'04	40'11	—8'46
Jubbulpore	0'41	—0'31	1'08	+0'52	0'13	—0'30	2'19	+2'04	0'35	—0'20	5'40	—4'10	18'00	—2'15	9'58	—6'90	4'44	—3'46	0	—1'86	0	—0'48	0'83	+0'50	42'41	—16'70
Multan	0	—0'45	0'60	+0'17	0'21	—0'64	2'46	+2'04	0	—0'30	0	—0'62	4'64	+2'23	0'10	—1'92	0'06	—0'26	0	0	0	—0'07	1'18	+0'99	8'29	+0'99
Lahore	0'71	—0'41	0'61	—0'49	0'01	—0'64	2'46	+2'04	0'08	—0'74	3'78	+1'69	9'73	+3'77	3'98	—1'32	5'41	+4'42	0	—0'20	0	—0'07	2'51	+2'13	30'28	+10'18
Peshawar	0'15	—1'45	2'21	+0'99	0'64	—1'40	2'14	+0'39	0'20	—0'55	0'42	+0'12	2'47	+0'81	0'27	—2'09	0'73	+0'21	0'05	—0'04	0	—0'47	1'70	+1'37	10'93	—2'11
Ranikhet	3'63	+1'11	1'22	—1'05	0'10	—1'70	2'81	+1'55	0'67	—1'71	8'89	+2'59	17'20	+3'73	16'50	+3'11	2'95	—3'78	2'41	+1'14	0	—0'28	3'64	+2'75	60'02	+7'46
Chakrata	6'37	+2'64	5'75	+1'55	0'23	—2'07	3'55	+2'11	0'40	—2'03	14'77	+6'00	24'78	+4'71	19'57	+0'39	5'54	—0'58	0'39	—0'39	0	—0'55	3'58	+2'42	84'91	+14'20
Indore	0	—0'13	0	—0'18	0'05	+0'01	0'60	+0'47	0'33	—0'26	2'67	—3'68	6'83	—2'12	7'64	+0'08	5'48	—2'20	0'05	—1'38	0	—0'35	2'11	+1'91	25'81	—7'83
Deesa	0	—0'15	0	—0'07	0	—0'05	0'12	+0'11	0'05	—0'20	1'04	—1'23	8'28	—1'88	12'90	+6'23	5'57	+1'59	0'04	—0'24	0	—0'17	0'05	—0'01	28'05	+3'93
Karachi	0'68	+0'02	0'01	—0'30	0	—0'19	0	—0'25	0	0	0	—0'71	5'03	+1'37	0'63	—1'14	0'02	—0'49	0	0	0	—0'07	0'72	+0'59	7'09	—1'17
Bombay	0	—0'10	0	—0'02	0	—0'02	0	—0'07	0	—0'71	16'60	—3'03	30'05	+4'00	8'52	—5'55	16'05	+4'30	0	—2'24	0	—0'49	0	—0'06	71'22	—3'59
Belgaum	0	—0'04	0	—0'03	0'24	—0'19	0	—1'90	1'88	—0'01	7'51	—0'93	26'34	+10'88	2'09	—6'58	3'47	—1'36	2'63	—3'33	1'87	+0'11	0	—0'12	46'03	—4'10
Nagpur	0'02	—0'41	0'25	—0'13	0'07	—0'41	3'43	—2'95	3'51	+2'79	7'67	—0'85	23'09	+8'43	7'87	—3'19	6'14	—2'90	0'20	—2'23	0	—0'81	5'04	+4'56	57'29	+7'80
Bellary	0'26	+0'17	0	—0'02	0'01	—0'13	1'23	+0'49	1'61	—0'37	0'08	—1'70	0'98	—0'70	6'30	+3'98	7'23	+2'61	0'58	—3'69	0'36	—1'62	0	—0'11	18'64	—1'09
Bangalore	0'63	+0'49	0	—0'09	0	—0'48	5'00	+3'74	7'91	+3'69	0'41	—2'64	1'57	—2'49	12'18	+6'82	5'15	—1'08	6'29	—0'07	0'48	—2'85	0	—0'48	39'62	+4'56
Madras	5'42	+4'90	0'05	—0'18	0	—0'21	7'52	+7'12	9'49	+8'59	1'65	—0'56	4'86	+0'84	4'91	—0'43	8'52	+3'51	0'61	—13'84	3'73	—10'35	0'89	—5'13	47'65	—2'74
Rangoon	0	—0'12	0'71	+0'40	0'47	+0'27	0	—1'83	22'33	+11'11	17'85	+0'33	21'51	+0'53	12'22	—7'63	11'71	—4'13	10'69	+4'30	4'89	+2'46	0	—0'09	102'38	+5'60
Akyab	0	—0'06	0	—0'12	0	—0'52	1'06	—0'22	7'66	—4'22	53'58	+8'79	57'43	+4'81	43'35	+1'35	46'92	+24'74	12'98	+2'70	8'62	+5'85	+1'65	233'95	+44'75	



Appendix to Section II.—European Troops.

V

A—ARMIES AND DIVISIONS.	Years.	Average strength.	RATIO PER MILLE OF STRENGTH.											
			Admis- sions into hospital.	Constantly sick.	Deaths.	Invalid- ing.	DEATHS FROM							
							Cholera.	Small-pox.	Enteric Fever.	Heat-stroke.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Abscess of the liver.
Northern Army ...	1908	36,676	939	49	10'72	16	'76	'03	3'22	'79	'33	'46	'41	'87
	1909	37,995	775	43	6'97	10	...	'03	2'11	'29	'16	'32	'34	'61
Southern Army ...	1908	30,243	724	44	7'51	16	'23	'03	2'28	'26	'13	'33	'46	'76
	1909	31,425	661	40	5'66	9	'22	...	1'05	'13	'10	'32	'16	'35
1st (Peshawar) Division ...	1908	3,018	1,431	61	18'89	15	2'98	...	7'29	2'32	'66	'33	...	1'33
	1909	3,235	1,057	47	11'13	21	...	...	3'71	'93	...	...	...	'62
2nd (Rawalpindi) „	1908	6,909	877	48	13'32	21	'87	...	4'63	'43	'58	'43	'29	'87
	1909	7,404	657	35	5'27	9	...	...	1'22	...	'14	'27	'41	'41
3rd (Lahore) „	1908	8,572	881	50	7'70	11	'35	...	1'75	'70	'47	'35	'58	1'05
	1909	8,979	767	47	6'13	10	...	...	1'00	'56	'11	'67	'56	'56
4th (Quetta) „	1908	4,003	610	33	5'75	18	'25	...	1'50	'25	'25	'50	...	'50
	1909	4,468	535	34	5'37	11	...	...	'45	...	...	'45	...	'45
5th (Mhow) „	1908	6,730	899	43	9'06	19	...	'15	3'12	'74	'15	'30	'74	'59
	1909	7,096	806	40	4'51	9	...	...	1'13	...	...	'14	'28	'28
6th (Poona) „	1908	6,534	642	41	7'04	11	...	...	1'99	...	'15	'61	'15	1'07
	1909	6,607	555	35	6'36	5	'45	...	1'82	...	'15	'61	...	'30
7th (Meerut) „	1908	8,656	1,114	53	8'90	16	...	...	2'77	'23	'12	'58	'35	'69
	1909	9,017	875	46	7'32	8	...	...	2'77	'22	'33	'22	'44	'55
8th (Lucknow) „	1908	9,521	723	42	10'61	17	1'05	'11	2'63	1'16	'11	'53	'53	'74
	1909	9,360	682	41	7'37	10	...	'11	2'67	'11	'11	'21	'11	'85
9th (Secunderabad Division	1908	8,143	706	51	7'49	16	'25	...	2'70	'25	...	'12	'37	'86
	1909	8,002	582	45	5'87	9	'37	...	1'37	'12	'12	'25	'12	'37
Burma Division...	1908	3,733	745	51	8'30	17	1'07	...	1'88	...	'27	'27	'80	'54
	1909	4,133	772	41	5'81	5	'24	...	...	'24	'24	'24	'24	'48
Aden Brigade ...	1908	1,100	629	41	4'55	26	...	...	...	...	...	...	1'82	'91
	1909	1,120	1,024	54	8'04	26	...	...	...	1'79	...	...	'89	...
INDIA	1908	68,933	840	46	9'78	16	1 10	'03	2'76	'54	'23	'39	'42	'80
	1909	71,555	717	40	6'25	9	'10	'01	1'58	'21	'13	'31	'25	'48

B—GROUPS.			Years.	Average strength.*	RATIO PER MILLE OF STRENGTH.										
					Admissions.	Constantly sick.	ADMISSIONS FROM								
							Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of un- certain origin.	Pneumonia.	Dysentery.	Veneral diseases.
Group	I.—Burma Coast and Bay Islands ...	1897-1906 1908 1909	1,148 1,276 1,311	1,260 683 881	77 48 51	17'2 ... ...	... ... ...	'8 ... ...	6'3 1'6 1'5	135'4 93'3 133'5	76'6 82'3 254'8	1'2 '8 2'3	36'8 21'2 19'8	419'8 112'1 147'2	
"	II.—Burma Inland ...	1897-1906 1908 1909	2,195 1,751 1,863	1,253 761 756	78 48 35	4'2 ... '5	1'0 2'3 ...	'1 ... ...	3'7 12'0 '5	339'7 61'7 124'2	41'4 90'2 107'1	2'4 1'7 1'1	18'8 5'1 8'6	332'4 120'5 96'9	
"	IV.—Bengal and Orissa ...	1897-1906 1908 1909	1,973 1,756 1,856	1,319 844 643	80 45 40	16'8 1'1 ...	1'0 ... ...	'4 '6 2'2	9'1 3'4 8'6	380'6 140'7 79'7	31'6 168'6 105'6	3'5 3'4 2'7	54'6 12'0 16'2	333'9 124'1 100'8	
"	V.—Gangetic Plain and Chutia Nagpur.	1897-1906 1908 1909	6,558 6,641 6,167	1,058 715 740	73 40 43	7'0 6'5 1'6	1'6 1'7 '2	1'0 3'6 ...	25'2 17'3 15'6	196'6 136'6 134'6	59'0 134'6 140'7	2'3 6'3 2'8	22'8 16'9 14'1	296'4 68'5 81'7	
"	VI.—Upper Sub-Himalaya	1897-1906 1908 1909	12,710 13,428 13,585	1,146 1,148 869	71 57 45	4'4 14'4 11'1	'7 '7 '1	'4 1'4 '1	24'0 18'3 13'2	319'0 466'9 312'8	29'1 72'2 76'0	5'2 5'6 4'1	17'7 10'9 11'0	250'1 54'8 62'6	
"	VII.—North-Western Frontier, Indus Valley and North-Western Rajputana.	1897-1906 1908 1909	4,754 4,894 5,027	1,243 1,254 991	67 53 46	18'2 20'8 83'3	'1 2'0 ...	1'0 ... ...	15'5 20'0 10'7	452'3 500'4 367'4	39'4 210'5 107'2	6'0 5'5 3'6	14'0 9'8 6'2	211'1 49'7 56'5	
"	VIII.—South Eastern Rajputana, Central India and Gujarat.	1897-1906 1908 1909	5,922 5,528 5,950	1,305 1,007 906	81 44 44	4'9 3'4 '8	'7 ... ...	1'5 '4 '8	33'5 9'9 5'4	391'1 407'6 398'3	23'2 73'1 29'2	3'6 2'5 1'8	22'0 15'9 9'7	322'0 65'7 69'2	
"	IX.—Deccan ...	1897-1906 1908 1909	9,456 10,288 10,149	1,099 668 489	71 40 28	10'2 3'0 1'5	'9 '1 1'0	'9 '4 '5	21'1 18'5 12'5	209'6 139'0 105'8	34'4 43'7 18'1	2'6 3'9 2'7	24'3 21'6 11'9	330'8 82'6 63'3	
"	X.—Western Coast ...	1897-1906 1908 1909	1,559 1,485 1,402	896 703 727	63 51 54	2'1 ... 5'0	'1 ... ...	'9 ... ...	4'0 2'0 '7	147'6 264'6 217'5	17'0 5'4 29'2	2'9 1'3 2'1	12'4 18'9 12'8	288'5 109'8 120'5	
"	XI.—Southern India ...	1897-1906 1908 1909	3,302 3,671 3,612	1,117 762 676	68 55 49	3'6 '3 '8	'3 '3 ...	'5 ... '6	16'0 14'2 7'2	154'9 54'5 39'9	39'5 42'0 29'1	2'0 1'6 3'6	23'7 25'6 22'1	332'0 117'1 97'5	
"	XIIa.—Hill Stations ...	1897-1906 1908 1909	9,248 10,923 12,586	830 575 513	55 35 31	6'2 3'0 3'2	'3 '5 ...	'1 '2 ...	21'9 13'6 4'4	111'7 113'3 105'4	26'7 25'5 27'3	5'1 2'8 2'1	13'0 8'6 4'9	207'8 50'3 52'0	
"	XIIb.—Hill Convalescent Depôts and Sanitaria.	1897-1906 1908 1909	3,358 3,812 4,186	1,086 754 785	75 65 69	5'6 1'6 '5	'2 ... ...	'2 ... '2	15'4 10'8 8'6	234'8 165'5 197'3	12'4 19'2 27'5	4'3 2'6 3'8	18'5 10'2 11'9	225'2 66'6 60'7	
INDIA	... ..	1897-1906 1908 1909	66,891 68,933 71,556	1,107 840 717	68 46 40	7'1 6'3 9'2	'7 1'3 '2	'6 '8 '3	20'8 14'5 8'9	266'0 244'1 202'8	33'0 73'9 61'3	4'1 3'9 2'9	22'5 14'4 11'2	271'5 69'6 67'8	

\*The decennial ratios are worked on the total strength of the ten year period.

C.—Admissions and death rates from Enteric fever in stations of over 1,000 strength.

1909.					DECENNium, 1897-1906.					1909.					DECENNium 1897-1906.				
Stations.			Admission rate per 1,000.	Death rate per 1,000.				Admission rate per 1,000.	Death rate per 1,000.	Stations.			Admission rate per 1,000.	Death rate per 1,000.				Admission rate per 1,000.	Death rate per 1,000.
Meerut	...	...	26'0	3'25			35'9	10'21		Secunderabad	...	...	6'7	2'68			22'0	4'87	
Kirkee	...	...	26'0	2'89			30'6	4'47		Fort William	...	...	5'8	...			3'4	'36	
Lahore Cantonment	...	...	25'9	1'73			23'2	6'03		Wellington Depôt	...	...	5'6	...			11'2	1'56	
Lucknow	...	...	23'2	3'72			39'3	8'35		Quetta	...	...	4'8	'68			30'1	7'34	
Sialkot	...	...	20'7	2'70			16'1	5'29		Chakrata	...	...	3'6	'72			24'9	2'80	
Bareilly	...	...	15'1	5'64			14'9	3'11		Karachi	...	...	3'6	...			5'5	1'63	
Nowshera	...	...	14'3	5'71			11'2	3'88		Ambala	...	...	3'1	'44			30'9	7'78	
Poona	...	...	12'4	1'91			23'9	5'12		Mhow	...	...	2'8	'57			35'6	8'45	
Jubbulpore	...	...	11'9	1'48			32'1	8'44		Aden	...	...	2'7	...			6'6	2'48	
Peshawai	...	...	11'3	3'13			29'4	11'48		Rangoon	...	...	1'5	...			6'9	1'78	
Bangalore	...	...	10'9	1'36			23'9	4'03		Colaba	...	...	'9	'95			3'2	1'62	
Ranikhet	...	...	9'6	1'60			23'4	3'62		...	...	...	...	...			...	...	
Jhansi	...	...	7'5	'94			35'6	10'75		...	...	...	...	...			...	...	
Rawalpindi	...	...	7'2	1'04			26'3	5'29		...	...	...	...	...			...	...	

Period.	D.—OFFICERS.				E.—WOMEN.				F.—CHILDREN.			
	*Average annual strength.	Admission rate per 1,000.	Constantly sick rate per 1,000.	Death rate per 1,000.	*Average annual strength.	Admission rate per 1,000.	Constantly sick rate per 1,000.	Death rate per 1,000.	*Average annual strength.	Admission rate per 1,000.	Constantly sick rate per 1,000.	Death rate per 1,000.
1897-1906 . . .	2,060	798'2	29'6†	14'42	3,052	736'8	34'1	14'02	5,211	528'6	25'2	41'68
1908 . . . . .	2,188	668'2	25'5	9'60	3,696	719'7	30'5	13'53	5,819	450'1	16'3	50'18
1909 . . . . .	2,296	638'5	24'0	9'58	3,913	596'7	24'3	7'67	6,201	384'8	14'3	27'41

\* The decennial rates are worked on the total strength of the ten year period.  
† For eight years (1899-1906).



A.—ARMIES AND DIVISIONS.	Years.	Average strength.	RATIO PER MILLE OF STRENGTH.											
			hos. Admissions into patal.	Constantly sick.	DEATHS FROM									Mortality including absent deaths.*
					Cholera.	Small-pox.	Enteric fever.	Malaria.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Abscess of the liver.	All causes.	
Northern Army ...	1908	62,141	797	26	1·24	·02	·76	·84	·50	2·96	·13	·03	8·69	...
	1909	64,544	666	23	·11	·09	·62	·26	·51	2·40	·20	·05	6·72	...
Southern Army ...	1908	50,822	599	21	·55	·04	·51	·39	·31	1·71	·39	...	6·30	...
	1909	53,470	545	20	·21	·04	·32	·36	·32	1·65	·09	·06	5·27	...
1st (Peshawar) Division ...	1908	9,205	944	33	1·96	...	·33	1·63	·22	3·37	·22	...	10·65	...
	1909	9,902	860	29	...	·10	·61	·10	·50	2·73	·20	...	6·77	...
2nd (Rawalpindi) „	1908	10,568	694	26	3·50	...	1·51	·38	·47	3·22	·28	...	11·26	...
	1909	10,825	527	21	...	·37	·37	·18	·55	2·59	·09	...	6·37	...
3rd (Lahore) „	1908	11,801	582	18	·34	...	·42	1·02	·59	3·14	...	...	7·46	...
	1909	12,217	444	17	...	·08	·33	·33	·49	3·27	·08	·08	6·96	...
4th (Quetta) „	1908	9,192	608	21	·44	...	·87	·22	·33	3·81	·33	...	8·38	...
	1909	9,832	553	21	...	...	·81	·31	1·02	4·27	·31	...	9·76	...
5th (Mhow) „	1908	15,200	693	21	·07	·13	·66	·39	·33	·99	·20	...	4·47	...
	1909	15,198	626	21	...	...	·39	·20	...	1·05	...	·07	3·16	...
6th (Poona) „	1908	9,994	542	22	...	...	·60	·50	·20	1·00	·50	...	5·30	...
	1909	10,585	504	21	·76	...	·28	·47	·28	·94	·09	·09	4·91	...
7th (Meerut) „	1908	11,702	720	26	·26	·09	1·28	·77	·85	1·62	...	·09	7·61	...
	1909	12,211	539	22	·57	...	·66	·25	·82	1·64	·25	·81	7·78	...
8th (Lucknow) „	1908	10,393	666	23	·96	...	·10	·77	·67	2·89	·10	...	7·51	...
	1909	11,065	638	22	...	...	·81	·36	·45	1·99	·45	...	5·96	...
9th (Secunderabad) Division ...	1908	10,445	476	19	2·20	...	·19	·19	·29	1·24	·48	...	8·33	...
	1909	11,451	383	15	·26	·09	...	·26	·17	1·14	·09	...	4·45	...
Burma Division ...	1908	4,950	663	26	...	...	...	·81	·40	1·41	·20	...	4·24	...
	1909	5,305	675	23	...	·19	...	·75	·38	·94	...	·19	4·90	...
Kohat, Derajat and Bannu Brigades {	1908	8,472	1,330	33	·59	...	·83	·47	...	3·90	·24	·12	8·03	...
	1909	8,324	1,166	31	...	...	1·08	·36	·12	2·16	·12	·12	6·25	...
Aden Brigade ...	1908	1,041	621	25	...	...	...	·96	·96	6·72	2·88	...	13·45	...
	1909	1 099	785	28	...	...	...	·91	...	1·82	...	...	8·19	...
Army of India ...	1908	1,26,975	674	23	·91	·02	·57	·58	·42	2·20	·22	·02	7·41	8·49
	1909	1,31,627	584	21	·14	·06	·43	·28	·39	1·88	·14	·05	5·02	6·42

\* Worked on the average annual strength of the troops present with and absent from their regiments during the year.

B—Groups.	Years.	Average strength.*	RATIO PER MILLE OF STRENGTH.										
			Admissions.	Constantly sick.	ADMISSIONS FROM								
					Influenza.	Cholera.	Small-pox.	Enteric fever.	Malaria.	Pyrexia of uncertain origin.	Pneumonia.	Dysentery.	Veneral diseases.
Group I.—Burma Coast and Bay Islands.	1897-1906	1,435	721	27	5'4	'1	'2	'1	191'4	17'8	2'6	64'9	47'5
	1908	1,286	632	19	...	...	...	..	130'6	112'8	2'3	83'2	13'2
	1909	1,419	727	24	...	...	...	...	69'1	193'8	2'8	74'7	14'8
„ II.—Burma Inland	1897-1906	3,955	865	32	1'9	'2	'1	'1	427'4	9'2	2'6	31'3	31'8
	1908	2,823	601	27	...	..	...	2'1	230'3	3'5	6'4	22'7	13'5
	1909	2,887	653	23	1'7	...	'3	'3	194'7	86'9	1'0	11'8	15'6
„ III.—Assam ...	1897-1906	1,327	859	37	3'5	1'3	...	2'0	349'3	3'2	8'0	79'9	48'1
	1908	923	882	23	...	2'2	...	...	446'4	9'8	8'7	33'6	23'8
	1909	961	983	32	...	...	...	...	390'2	2'1	11'4	56'2	14'6
„ IV.—Bengal and Orissa	1897-1906	2,528	972	35	8'9	'4	'5	'4	504'3	5'7	5'6	64'8	36'6
	1908	2,219	731	28	'5	...	...	'9	240'2	25'7	9'9	81'1	16'7
	1909	2,227	475	19	...	...	...	'4	79'5	44'5	8'1	67'8	10'3
„ V.—Gangetic Plain and Chutia Nagpur.	1897-1906	6,251	575	24	4'3	1'0	'6	'4	175'7	6'0	7'8	38'4	26'4
	1908	5,972	604	20	'2	2'7	1'3	'2	252'2	7'5	13'9	55'4	15'2
	1909	6,712	601	21	1'0	...	...	1'6	203'4	12'2	13'1	43'4	17'9
„ VI.—Upper Sub-Himalaya ...	1897-1906	15,832	618	24	1'8	'7	'6	'8	238'9	3'5	15'0	27'9	24'7
	1908	21,126	704	23	1'7	'8	1'1	5'2	334'3	22'4	14'1	39'5	13'9
	1909	21,280	547	21	2'1	'1	'2	3'3	163'6	27'3	16'5	27'9	20'4
„ VII.—North-West Frontier, Indus valley, and North Western Rajputana.	1897-1906	16,892	894	30	4'7	1'5	'7	'4	394'1	4'9	22'4	53'0	17'7
	1908	17,733	1,116	32	3'3	1'5	'2	4'2	544'3	7'8	21'3	53'3	8'7
	1909	18,853	1,014	29	5'6	...	'6	2'5	419'3	21'1	19'1	49'2	11'4
„ VIII.—South-Eastern Rajputana, Central India and Gujarat.	1897-1906	12,058	778	28	1'8	1'0	'7	'4	338'9	8'7	14'7	29'6	41'3
	1908	12,114	687	21	1'0	...	'5	1'2	288'8	2'6	12'3	23'9	17'0
	1909	11,979	607	20	'8	...	'7	3'3	218'1	5'8	9'7	18'8	16'8
„ IX.—Deccan ...	1897-1906	17,042	613	23	4'0	1'4	'6	'4	207'9	12'2	8'0	30'2	42'9
	1908	17,631	485	19	9'2	1'9	3'0	2'4	106'9	23'1	6'6	30'7	23'7
	1909	18,638	455	18	6'0	'5	'5	1'3	90'8	23'1	6'7	25'9	19'7
„ X.—Western Coast	1897-1906	2,279	735	31	2'4	'3	1'4	'1	203'1	11'2	10'2	60'1	51'2
	1908	1,707	920	4	1'8	...	1'2	2'3	300'5	12'9	5'9	70'3	53'3
	1909	1,787	793	11	...	'6	'6	1'7	241'7	7'8	5'0	83'9	48'1
„ XI.—Southern India	1897-1906	6,790	616	29	3'0	1'6	'6	'3	162'3	21'8	8'8	23'3	42'6
	1908	4,623	561	21	'2	2'4	'2	'4	155'5	17'7	7'8	35'0	26'0
	1909	5,437	455	18	...	1'1	'4	'6	84'8	16'9	11'8	29'2	22'3
„ XII.—Hill Stations	1897-1906	20,412	845	34	9'7	'5	'3	1'0	337'5	12'3	19'0	45'8	34'6
	1908	23,465	625	23	4'8	1'8	'2	3'7	236'3	18'9	15'5	33'2	13'7
	1909	24,735	481	20	2'9	'3	'2	3'1	124'0	16'7	12'5	20'6	14'6
Army of India	1897-1906	1,25,487	725	27	5'1	1'0	'5	'5	289'5	8'8	13'6	42'7	30'5
	1908	1,26,975	674	23	3'8	1'4	'8	2'8	266'2	16'2	12'8	39'5	15'2
	1909	1,31,627	584	21	2'9	'2	'3	2'2	179'8	22'2	11'8	31'8	16'4

\* The decennial ratios are worked on the total strength of the ten year period.



## I.—ACTUALS 2.—RATIOS.

C.—PLAINS AND HILLS.	Average annual strength.	Malaria.		Tubercle of the lungs.		Pneumonia.		Respiratory diseases.		Dysentery and Diarrhoea.		Scurvy.		Anæmia and Debility.		All causes.		Average number constantly sick.
		A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D	
1905.																		
Plains ...	99,771	15,130	69	287	33	1,266	185	2,528	23	3,771	18	124	3	1,080	9	55,250	602	2,083
Hills ...	20,224	151'6	'69	2'9	'33	12'7	1'86	25'3	'21	37'8	'18	1'2	'03	10'8	'09	553'8	6'03	20'9
Hills above 5,000 feet sea-level.	9,583	3,677	26	93	26	277	50	920	5	850	9	84	1	253	...	14'749	365	624
Hills below 5,000 feet sea-level.	10,641	181'8	1'29	4'6	1'29	13'7	2'37	45'5	'35	42'0	'45	4'2	'05	12'5	...	729'3	18'05	30'9
		1,357	11	46	13	95	20	333	2	341	6	50	1	100	...	5,698	260	260
		141'6	1'15	4'8	1'36	9'9	2'09	34'7	'21	35'6	'63	5'2	'10	10'4	...	594'6	27'13	27'1
		2,320	15	47	13	182	30	587	3	509	3	34	...	153	...	9,051	105	364
		218'1	1'41	4'4	1'22	17'1	2'63	55'2	'47	47'8	'28	3'2	...	14'4	...	850'6	9'87	34'2
1906.																		
Plains ...	101,783	26,833	64	221	32	856	159	2,108	14	4,656	27	214	10	1,349	3	68,275	665	2,201
Hills ...	22,469	263'7	'62	2'2	'31	8'4	1'56	20'7	'14	45'7	'27	2'1	'10	13'2	'03	670'8	6'53	21'6
Hills above 5,000 feet sea-level.	11,510	6,250	16	79	29	285	39	754	2	926	8	92	...	347	2	17,057	158	646
Hills below 5,000 feet sea-level.	10,959	2,78'2	'71	3'5	1'29	12'7	1'74	33'6	'09	41'2	'36	4'1	...	15'4	'09	759'1	7'03	28'8
		2,546	8	34	9	118	17	289	2	437	7	70	...	163	2	6,923	78	293
		221'2	'69	3'0	'78	10'3	1'48	25'1	'17	38'0	'61	6'1	...	14'2	'17	601'5	6'78	25'5
		3,704	8	45	20	167	22	465	...	489	1	22	...	184	...	10,134	80	353
		338'0	'72	4'1	1'82	15'2	2'01	42'4	...	44'6	'09	2'0	...	16'8	...	924'7	7'30	32'2
1907.																		
Plains ...	99,460	22,265	50	218	25	1,171	185	2,464	19	3,802	17	223	14	1,168	6	61,973	582	2,047
Hills ...	22,399	224'1	'50	2'2	'25	11'8	1'86	24'8	'19	38'2	'17	2'2	'14	11'8	'06	623'2	5'85	20'6
Hills above 5,000 feet sea-level.	11,378	5,155	32	52	13	379	66	660	6	982	8	54	2	338	3	14,412	187	56'8
Hills below 5,000 feet sea-level.	11,021	230'2	1'43	2'3	'58	16'9	29'5	29'5	'27	43'8	'36	2'4	'09	15'1	'13	643'4	8'35	25'4
		1,292	8	22	7	152	16	231	3	501	4	42	2	129	...	5,499	59	230
		113'5	'71	1'9	'62	13'4	1'41	20'3	'26	44'6	35	3'7	'18	11'3	...	483'3	5'19	20'2
		3,863	24	30	6	227	50	429	3	481	4	12	...	209	3	8,913	128	338
		350'5	2'18	2'7	'54	20'6	4'54	38'9	'27	43'6	'36	1'1	...	19'0	27	808'7	11'61	30'7
1908.																		
Plains ...	98,138	27,893	51	272	32	1,210	214	1,720	26	4,724	28	140	...	1,144	12	67,837	653	2,201
Hills ...	23,465	284'2	'52	2'8	'33	12'3	2'18	17'5	'26	48'1	'29	1'4	...	11'7	'12	691'2	6'65	22'4
Hills above 5,000 feet sea-level.	12,079	5,545	22	92	20	364	60	582	11	1,054	8	48	...	352	3	14,660	232	550
Hills below 5,000 feet sea-level.	11,386	236'3	'94	3'9	'85	15'5	2'56	24'8	'47	44'9	'34	2'0	...	15'0	'13	624'8	9'89	23'4
		1,757	7	60	13	167	29	263	6	581	5	19	...	145	1	5,914	101	218
		145'5	'58	5'0	1'08	13'8	2'40	21'8	'50	48'1	'41	1'6	...	12'0	'08	489'6	8'36	18'0
		3,788	15	32	7	197	31	319	5	473	3	29	...	207	2	8,746	131	332
		332'7	1'32	2'8	'61	17'3	2'72	28'0	'44	41'5	'26	2'5	...	18'2	'18	768'1	11'51	29'2
1909.																		
Plains ...	1,03,073	20,399	30	206	22	1,228	186	1,898	19	4,265	20	118	2	1,187	4	62,981	538	2,119
Hills ...	24,735	197'9	'29	2'0	'21	11'9	1'80	18'4	'18	41'4	'19	1'1	'02	11'5	'04	611'0	5'22	20'6
Hills above 5,000 feet sea-level.	13,223	3,067	6	86	29	308	61	612	7	718	3	54	...	249	2	11,894	192	501
Hills below 5,000 feet sea-level.	11,512	124'0	'24	3'5	1'17	12'5	2'47	24'7	'28	29'0	'12	2'2	...	10'1	'08	481'0	7'76	20'3
		1,054	4	49	15	130	32	314	3	383	2	17	...	106	...	5,269	100	227
		79'7	'30	3'7	1'13	9'8	2'42	23'7	'23	29'0	'15	1'3	...	8'0	...	398'5	7'56	17'2
		2,013	2	37	14	178	29	298	4	335	1	37	...	143	2	5,625	92	274
		174'9	'17	3'2	1'22	15'5	2'52	25'9	'35	29'1	'09	3'2	...	12'4	'17	575'5	7'99	23'8

D—ENTERIC FEVER.					1897-1906.		1909.	
					Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	Death rate per 1,000.
European troops	...	...	...	...	20·8	5·09	8·9	1·58
Native troops*	...	...	...	...	·5	·15	2·2	·43
Gurkhas only	...	...	...	...	2·2	·64	5·1	·95
Prisoners	...	...	...	...	·4	·14	·8	·20

\* Including Gurkhas.

					E—TUBERCLE OF THE LUNGS. 1909.		F—VENEREAL DISEASES. 1909.
					Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.
Army of India excluding Gurkhas	...	...	...	...	2·1	·26	15·8
Gurkhas only	...	...	...	...	4·0	1·33	21·0

					G—INFLUENZA.				H—PNEUMONIA.			
					1897-1906.		1909.		1897-1906.		1909.	
					Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	Death rate per 1,000.
European troops	...	...	...	...	7·1	·01	9·2	...	4·1	·58	2·9	·31
Native troops	...	...	...	...	5·1	·03	2·9	·01	13·6	2·90	11·8	1·88
Prisoners	...	...	...	...	13·0	·18	1·4	...	13·3	3·49	14·8	3·91



A.—ADMINISTRATIONS.	Years.	Average strength.†	RATIO PER MILLE OF STRENGTH.*											
			Admissions.	Constantly sick.	DEATHS FROM									All causes.
					Cholera.	Small-pox.	Malaria.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Anæmia and debility.	
Burma ...	1901-1905 1908 1909	11,779 13,871 13,680	452 277 310	22 16 16	*68 *79 2*34	*02 ... ...	*61 *50 *29	3*63 3*39 4*24	1*32 1*23 *66	*51 *43 *29	2*77 1*37 1*08	*82 *14 *51	*32 *14 *22	16*78 13*22 16*15
Eastern Bengal and Assam ...	1901-1905 1908 1909	6,285 7,118 7,173	1,099 917 899	45 37 37	*67 1*97 1*53	*10 *14 *14	2*23 1*26 2*79	3*34 4*50 3*62	3*47 3*23 4*04	*76 1*97 1*39	7*67 8*43 8*09	1*05 1*26 *28	1*46 1*26 1*12	28*07 31*89 29*97
Bengal ...	1901-1905 1908 1909	14,573 15,565 16,936	999 930 916	37 38 40	*77 3*98 *19	*04 *06 *06	2*03 *84 2*06	3*86 5*01 4*24	2*48 2*31 2*68	*54 *45 *87	5*83 8*54 6*42	1*39 1*80 *87	*56 *96 *75	23*93 31*61 25*13
United Provinces of Agra and Oudh ...	1901-1905 1908 1909	25,557 28,308 26,020	699 679 574	34 31 28	*46 *21 1*00	*04 *32 ...	*96 1*55 1*23	2*97 2*79 3*31	2*54 4*91 5*50	*94 1*38 *96	3*73 3*89 4*27	1*06 1*27 1*96	*22 *46 *31	18*77 24*09 23*79
Punjab ...	1901-1905 1908 1909	12,333 11,919 11,526	999 581 613	32 26 28	*11 *08 *09	*10 *17 ...	*97 *42 *26	3*68 5*87 5*47	4*74 4*53 6*16	*66 *84 1*13	2*61 3*78 1*91	*75 1*09 2*08	*68 *42 *52	21*68 23*49 25*16
North-West Frontier Province ...	1901-1905 1908 1909	1,287 1,345 1,354	1,016 1,222 1,021	32 37 27	... ... ...	*78 ... ...	*62 1*49 1*48	*93 *74 2*95	4*35 4*46 4*43	*47 2*23 1*48	3*73 *74 2*22	*47 ... ...	*31 ... ...	20*35 15*61 20*68
Central Provinces ...	1901-1905 1908 1909	4,129 4,013 4,297	772 632 514	25 21 18	*09 ... ...	... *50 ...	*54 1*00 1*16	2*53 3*99 1*63	2*48 1*00 *93	1*31 1*50 1*63	3*61 5*23 3*72	1*85 *50 ...	1*17 ... *23	20*19 22*18 15*59
Bombay ...	1901-1905 1908 1909	8,725 7,930 7,591	689 654 586	29 33 28	*05 *13 ...	*16 ... ...	1*40 1*26 1*32	3*32 3*03 1*98	6*56 3*28 3*16	1*60 1*13 *66	1*74 *88 1*98	1*63 *63 *66	*83 *25 1*05	26*36 18*16 17*92
Madras ...	1901-1905 1908 1909	9,832 10,638 10,815	482 443 497	21 23 25	1*36 7*05 3*51	*02 ... ...	1*04 1*03 *83	3*50 3*20 3*88	1*95 1*88 1*94	*33 *75 *09	2*36 7*05 5*92	*14 ... ...	*37 *94 1*20	18*74 29*80 25*24
INDIA† ...	1901-1905 1908 1909	95,479 101,336 99,104	759 646 618	31 29 28	*54 1*68 1*12	*06 *15 *02	1*17 1*04 1*19	3*32 3*76 3*72	3*07 3*24 3*60	*79 1*03 *84	3*71 4*67 4*20	1*04 *94 1*04	*56 *55 *60	21*12 24*17 22*85
ANDAMANS ...	1901-1905 1908 1909	13,289 14,067 13,145	1,838 1,439 1,761	61 79 94	... ... ...	... ... ...	3*76 2*20 4*56	7*66 7*11 7*00	4*23 4*12 6*24	1*28 1*07 1*45	10*84 4*34 8*98	1*57 *71 *61	*02 ... ...	37*38 26*66 41*38
INDIA‡ ...	1901-1905 1908 1909	108,769 115,403 112,249	891 743 752	35 35 36	*47 1*47 *99	*06 *13 *02	1*51 1*18 1*59	3*85 4*17 4*11	3*21 3*34 3*91	*85 1*03 *91	4*58 4*63 4*76	1*11 *91 *99	*49 *49 *53	23*11 24*47 25*02

\* Excluding Subsidiary Jails.

† Including Ajmer, Sibi, Quetta, Mercara and Secunderabad and excluding Andamans.

‡ Including Andamans.

B.—GROUPS.	Years.	Average strength.†	RATIO PER MILLE OF STRENGTH.*											
			Admissions.	Constantly sick.	ADMISSIONS FROM									
					Influenza.	Cholera.	Small-pox.	Enteric fever.	Malaria.	Pyrexia of uncertain origin.	Pneumonia.	Dysentery.	Diarrhoea.	
Group I.—Burma Coast and Bay islands ...	1901-1905 1908 1909	7,967 9,542 9,552	442 271 326	21 15 17	*7 *6 ...	1*2 *3 *9	*1 ... ...	*6 *8 *5	100*2 33*4 40*6	19*2 16*8 22*4	3*8 2*0 2*4	37*0 14*0 20*0	25*2 11*8 9*8	
„ II.—Burma Inland ...	1901-1905 1908 1909	3,812 4,329 4,128	471 291 272	23 16 13	4*2 ... ...	1*8 3*2 9*2	*1 ... ...	*6 3*0 1*5	110*2 40*4 23*7	3*0 15*7 23*7	8*0 7*2 1*7	67*7 31*2 21*6	39*1 11*1 17*9	
„ III.—Assam ...	1901-1905 1908 1909	1,239 1,532 1,416	820 1,138 1,261	42 27 33	19*2 ... 4*9	1*5 2*6 1*4	1*1 *7 *7	*2 ... *7	263*9 627*3 582*6	4*4 ... 1*4	4*8 7*8 14*1	234*2 91*4 81*2	56*7 92*7 218*2	
„ IV.—Bengal and Orissa ...	1901-1905 1908 1909	12,182 12,984 13,271	1,014 957 874	40 42 41	21*2 18*0 3*1	1*1 5*5 1*1	*4 *5 1*4	*5 3*1 1*4	272*4 251*5 222*8	10*8 5*6 7*9	10*3 9*9 13*6	258*9 196*0 176*1	78*3 89*3 76*8	
„ V.—Gangetic plain and Chutia Nagpur ...	1901-1905 1908 1909	23,686 26,317 25,201	769 661 626	33 29 29	16*0 2*5 1*1	*9 3*0 1*8	*4 2*6 *8	*4 *2 1*3	266*5 204*8 188*4	4*5 11*3 7*0	10*0 11*7 14*7	86*0 86*8 78*3	50*1 40*2 42*5	
„ VI.—Upper Sub-Himalaya ...	1901-1905 1908 1909	13,091 13,349 12,599	946 771 734	32 30 31	17*8 7*3 1*3	*1 *1 *2	*3 2*1 *2	*8 *9 *2	410*5 351*6 283*8	3*9 7*6 5*3	17*5 25*7 31*9	56*3 62*0 47*5	54*5 25*8 33*6	
„ VII.—North-West Frontier, Indus Valley and North-Western Rajputana.	1901-1905 1908 1909	8,142 8,293 7,928	785 650 641	29 28 30	9*5 1*0 5*2	*3 *5 ...	1*7 1*0 *5	*2 *5 *5	292*4 203*9 190*2	1*1 4*2 2*5	27*4 22*7 23*0	48*5 47*8 51*3	49*1 31*4 30*4	
„ VIII.—South-Western Rajputana, Central India and Gujarat.	1901-1905 1908 1909	4,772 4,666 4,299	754 580 479	39 37 25	12*3 ... ...	*5 *2 ...	*8 *2 ...	*1 1*1 ...	279*0 193*3 137*9	*3 ... *9	20*5 19*1 18*1	36*5 25*7 24*9	31*2 29*4 22*8	
„ IX.—Deccan ...	1901-1905 1908 1909	8,373 7,557 7,769	812 744 629	31 32 26	14*0 2*5 1*0	*1 *8 ...	*3 *7 *4	*2 *5 *5	290*4 210*3 154*8	4*5 9*0 2*6	9*9 4*2 5*1	50*3 50*8 35*9	44*5 49*4 37*2	
„ X.—Western Coast...	1901-1905 1908 1909	2,728 2,400 2,385	527 530 521	23 25 22	1*4 ... ...	*1 ... ...	1*0 1*2 ...	3*7 3*8 ...	159*9 109*2 69*6	8*3 8*3 36*5	9*5 6*7 6*7	40*3 80*0 52*4	35*1 30*4 31*9	
„ XI.—Southern India ...	1901-1905 1908 1909	8,845 9,636 9,901	497 433 471	22 23 25	4*4 *1 *8	3*6 13*0 9*1	*2 *1 *1	*7 1*2 1*0	107*7 69*1 81*9	26*8 13*4 27*7	9*0 8*5 8*5	55*1 58*7 67*0	5*8 5*9 6*2	
„ XII.—Hills ...	1901-1905 1908 1909	504 666 584	842 868 1,099	28 27 35	5*1 ... ...	1*3 40*5 ...	1*0 ... ...	2*4 ... 1*7	270*0 184*7 352*7	19*9 ... 5*1	20*2 16*5 32*5	85*5 91*6 123*3	50*5 61*6 113*0	
INDIA† ...	1901-1905 1908 1909	95,479 101,336 99,104	759 646 618	31 29 28	12*7 4*2 1*5	1*0 3*3 2*0	*5 1*2 *5	*6 1*1 *9	254*0 197*7 172*3	8*4 9*4 10*8	12*4 12*4 14*3	88*3 76*9 70*2	45*8 38*6 38*6	
ANDAMANS...	1901-1905 1908 1909	13,289 14,067 13,145	1,838 1,439 1,761	61 79 94	7*0 ... *2	... ... ...	... ... ...	... ... *5	1,121*4 856*5 1,075*4	... 9*5 53*8	11*6 10*2 18*2	156*9 110*8 149*4	63*9 33*5 25*3	
INDIA ‡ ...	1901-1905 1908 1909	108,769 115,403 112,249	891 743 752	35 35 36	12*0 3*7 1*4	*9 2*9 1*8	*4 1*1 *4	*5 1*0 *8	360*0 218*0 278*1	7*1 9*4 15*8	12*3 12*1 14*8	96*7 81*1 79*5	48*0 37*3 37*0	

\* Excluding Subsidiary Jails.

† Including Aden and excluding Andamans.

‡ Including Andamans.

‡ The quinquennial ratios are, of course, worked on the total strength of the five years.



C.—Causes of admission.					Years*.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Influenza	...	...	...	{	1905	77	114	90	223	52	30	48	130	192	59	21	21	1,057
					1906	29	36	25	51	64	95	50	22	50	102	30	10	565
					1907	7	49	122	4	1	3	62	12	8	32	33	121	454
					1908	44	21	27	23	43	12	5	63	74	76	29	13	430
					1909	16	31	14	21	13	...	2	...	12	18	8	14	149
Total					1905-1909	173	251	278	322	173	141	167	227	336	287	121	179	2,655
Choiera	...	...	...	{	1905	4	...	1	2	2	...	2	12	39	5	3	3	73
					1906	2	3	1	9	3	5	42	37	5	30	47	3	187
					1907	2	2	3	8	92	2	6	16	3	1	3	2	140
					1908	6	1	10	16	33	65	114	81	3	4	3	1	337
					1909	2	1	4	5	7	54	82	33	6	4	2	1	201
Total					1905-1909	16	7	19	40	137	126	246	179	56	44	58	10	938
Enteric Fever	...	...	...	{	1905	...	...	4	4	6	6	14	11	3	6	3	7	64
					1906	11	1	4	3	5	7	14	33	14	4	2	4	102
					1907	6	9	2	3	9	3	3	6	7	6	5	6	65
					1908	5	8	3	9	5	13	11	13	24	14	3	5	113
					1909	2	1	9	6	10	5	14	18	7	7	4	3	86
Total					1905-1909	24	19	22	25	35	34	56	81	55	37	17	25	430
Malaria	...	...	...	{	1905	1,087	977	1,128	1,302	1,369	1,280	1,327	1,555	1,858	1,887	1,735	1,308	16,813
					1906	874	676	909	1,169	1,187	1,253	1,696	1,915	2,511	2,915	2,872	1,928	19,905
					1907	1,481	963	1,063	1,181	1,372	1,273	1,447	1,609	2,041	2,145	1,865	1,401	17,841
					1908	926	662	824	957	1,132	1,217	1,267	1,803	3,084	3,634	2,768	1,755	20,039
					1909	1,119	822	1,070	1,442	1,664	1,380	1,793	1,751	1,666	1,713	1,518	1,144	17,082
Total					1905-1909	5,486	4,099	4,994	6,061	6,724	6,403	7,529	8,633	11,158	12,294	10,758	7,535	91,680
Pyrexia of uncertain origin	...	...	...	{	1905	47	50	56	78	100	69	94	81	94	104	62	57	891
					1906	31	26	71	52	85	99	94	117	123	130	62	40	930
					1907	25	39	29	22	40	50	47	56	66	42	25	37	478
					1908	36	35	61	68	77	79	78	69	66	208	97	79	953
					1909	65	62	65	77	102	68	118	109	100	116	102	87	1,071
Total					1905-1909	204	212	282	297	404	365	431	432	449	600	348	300	4,324
Pneumonia	...	...	...	{	1905	86	122	94	89	65	42	53	55	54	64	72	100	896
					1906	95	83	71	70	85	83	54	48	67	68	101	133	963
					1907	125	103	72	54	60	47	62	53	66	68	146	218	1,074
					1908	175	108	148	75	66	62	64	49	79	105	118	210	1,259
					1909	195	167	144	149	110	81	106	88	68	86	98	130	1,422
Total					1905-1909	676	568	529	437	386	315	339	293	334	391	535	791	5,614
Dysentery	...	...	...	{	1905	410	330	377	590	607	592	751	978	901	763	635	562	7,496
					1906	432	336	446	534	572	568	855	1,079	794	756	615	538	7,525
					1907	480	342	502	398	506	470	645	736	672	583	497	497	6,328
					1908	350	260	422	539	543	559	837	1,023	953	824	810	676	7,796
					1909	502	413	508	404	443	599	863	843	643	604	619	518	6,959
Total					1905-1909	2,174	1,681	2,255	2,465	2,671	2,788	3,511	4,659	3,963	3,530	3,176	2,791	36,104
Diarrhoea	...	...	...	{	1905	179	138	294	378	364	321	423	489	337	273	221	186	3,603
					1906	182	135	331	425	308	326	482	519	338	253	234	201	3,734
					1907	200	178	282	262	269	294	341	371	306	262	221	221	3,207
					1908	177	167	297	359	336	354	464	472	355	336	254	235	3,806
					1909	222	199	325	302	379	307	510	476	326	279	272	225	3,822
Total					1905-1909	960	817	1,529	1,726	1,656	1,602	2,220	2,327	1,662	1,403	1,202	1,068	18,172

\* Excluding Andamans.



D.—SICKNESS AND MORTALITY FROM PRINCIPAL DISEASES.	INFLUENZA.				CHOLERA.				SMALL-POX.				ENTERIC FEVER.				MALARIA.				PYREXIA OF UNCERTAIN ORIGIN.				TUBERCLE OF THE LUNGS.				PNEUMONIA.			
	Actuals.		Ratios.		Actuals.		Ratios.		Actuals.		Ratios.		Actuals.		Ratios.		Actuals.		Ratios.		Actuals.		Ratios.		Actuals.		Ratios.		Actuals.		Ratios.	
	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.
Years,	Average annual strength. †																															
1900	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1901	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1902	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1903	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1904	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1905	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1906	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1907	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1908	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1909	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Years.	RESPIRATORY DISEASES.				DYSENTERY.				DIARRHŒA.				ANÆMIA AND DEBILITY.				E. Causes of deaths. 1909.	DIED PER 1,000 OF AVERAGE STRENGTH.				RELATIVE LIABILITY IN PERCENTAGES.				PERCENTAGES IN DEATHS FROM ALL CAUSES.			
	Actuals.		Ratios.		Actuals.		Ratios.		Actuals.		Ratios.		Actuals.		Ratios.			European troops.	Native troops.	Prisoners.†	European troops.	Native troops.	Prisoners.†	European troops.	Native troops.	European troops.	Native troops.	Prisoners.†	
	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.													
1900	3,188	93	28.9	8.4	12,900	715	117.0	6.49	6,392	249	58.0	2.26	2,137	151	19.4	1.37	...	10	14	1.12	82	7	10	1.6	2.4	4.9	100.0	100.0	100.0
1901	3,256	97	31.0	9.2	10,666	540	101.6	5.14	5,926	132	45.8	1.26	1,657	82	15.8	.78	...	19.6	.84	1.42	34	46	20	31.3	15.0	6.2	...	...	...
1902	2,773	74	27.3	7.3	8,951	407	88.2	4.01	4,862	141	47.9	1.39	1,389	60	13.7	.59	Bowel-complaints	27	18	5.24	92	5	3	4.3	3.2	22.9	...	...	...
1903	2,423	63	27.3	7.1	7,292	283	82.3	3.19	3,714	68	41.9	.77	1,058	39	11.9	.44	Anæmia and debility ..	...	.05	.60	...	...	8	...	.9	2.6	...	...	...
1904	2,264	59	25.1	6.5	7,747	263	85.7	2.91	3,774	88	41.8	.97	1,116	37	12.4	.41	Pneumonia	31	1.88	3.60	62	5	32	4.9	33.5	15.8	...	...	...
1905	2,428	85	26.4	9.2	7,496	277	81.6	3.01	3,603	68	39.2	.74	1,014	50	11.0	.54	Respiratory diseases	10	2.1	.84	73	9	18	1.6	3.6	3.7	...	...	...
1906	2,400	68	25.2	7.1	7,525	310	78.9	3.25	3,734	70	39.1	.73	1,193	52	12.5	.55	Tubercle of the lungs	13	.39	3.72	88	3	9	2.0	6.9	16.3	...	...	...
1907	2,568	68	27.5	7.3	6,328	240	67.9	2.57	3,207	75	34.4	.80	1,048	42	11.2	.45	All other causes	3.38	1.93	6.31	54	29	17	5.43	34.5	27.6	...	...	...
1908	2,366	104	23.3	1.03	7,796	473	76.9	4.67	3,806	95	37.6	.94	1,194	56	11.8	.55	All causes	6.25	5.62	22.85	66	18	16	100.0	100.0	...	...	...	...
1909	2,311	83	23.3	8.4	6,959	416	70.2	4.20	3,822	103	38.6	1.04	1,165	59	11.8	.60		...	...	...	...	...	...	...	...	...	...	...	...

\* Enteric, Malaria and Pyrexia of uncertain origin.

† Excluding Andamans.



F.—Statistics of convicts only. Ad.=Admission rates. D.=Death rates.		1905.			1906.			1907.			1908.			1909.		
		Average strength.	RATIO PER 1,000 OF STRENGTH.		Average strength.	RATIO PER 1,000 OF STRENGTH.		Average strength.	RATIO PER 1,000 OF STRENGTH.		Average strength.	RATIO PER 1,000 OF STRENGTH.		Average strength.	RATIO PER 1,000 OF STRENGTH.	
			Ad.	D.		Ad.	D.		Ad.	D.		Ad.	D.		Ad.	D.
Burma	Central...	7,491	278'9	17'62	7,797	246'6	13'59	8,226	255'9	10'45	8,376	279'8	12'89	8,137	331'4	19'17
	District...	4,460	367'7	17'04	4,809	308'2	14'56	4,782	235'5	12'97	4,788	261'3	13'58	4,817	261'2	10'59
Eastern Bengal and Assam.	Central...	1,886	608'2	24'92	1,901	630'2	23'67	2,026	530'6	25'67	2,001	785'6	43'48	2,032	668'8	31'00
	District...	4,392	1,248'4	35'06	4,832	997'1	30'22	5,147	991'1	31'09	4,883	981'2	27'65	4,852	1,011'8	30'40
Bengal	Central...	7,631	1,041'0	25'55	7,658	1,152'1	23'64	7,511	1,008'1	13'85	7,852	927'0	26'36	7,943	965'4	28'45
	District...	5,885	931'5	23'96	6,305	943'5	23'31	6,121	928'6	21'40	6,724	973'4	38'22	7,123	948'9	20'78
United Provinces.	Central...	9,389	489'8	15'76	9,934	482'4	14'90	9,394	498'2	11'60	11,287	453'2	20'20	10,682	443'9	24'81
	District...	12,292	620'0	18'22	1,296	679'8	16'96	12,316	671'1	17'94	14,076	845'6	26'57	13,262	657'5	23'68
Punjab	Central...	4,570	714'9	17'94	47,519	625'8	15'37	4,667	649'5	26'14	4,522	529'4	31'84	4,488	522'5	31'42
	District...	5,961	740'3	16'10	6,017	868'2	17'28	5,549	792'8	15'86	6,244	649'3	18'90	6,026	710'8	20'74
North-West Frontier Province.	Central...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	District...	1,077	1,053'9	21'36	1,091	1,631'5	24'75	960	1,311'5	19'79	1,040	1,431'7	14'42	974	1,238'2	23'61
Central Provinces.	Central...	2,418	574'0	14'06	2,272	520'2	12'32	2,213	521'9	19'88	2,358	681'5	19'93	2,613	559'1	13'78
	District...	864	862'3	16'20	784	866'1	15'31	731	595'1	12'31	1,177	604'1	26'34	1,220	480'3	19'67
Bombay	Central...	3,092	654'6	12'94	3,146	894'2	13'35	3,236	928'9	18'23	3,321	727'8	19'57	3,000	643'0	18'67
	District...	4,836	583'3	20'26	4,851	564'0	24'12	6,123	370'9	16'50	4,592	615'4	16'77	4,913	674'5	17'50
Madras	Central...	6,695	506'6	15'98	7,464	462'8	22'37	7,341	394'8	20'16	7,641	417'1	21'86	7,845	521'7	24'35
	District...	3,436	554'1	16'01	2,940	460'2	19'05	2,702	457'4	16'65	2,876	675'2	58'07	2,892	566'4	29'74
Total of the above provinces.	Central...	43,172	598'8	18'18	44,923	604'6	17'59	44,614	372'1	16'23	47,358	547'2	22'23	46,740	562'6	24'26
	District...	43,203	723'2	20'39	44,598	736'3	20'16	44,431	670'2	18'82	46,400	765'3	26'70	46,063	709'0	21'80

G.—Statistics of convicts only. Arranged according to duration of confinement.					Not exceeding six months.	Above six months and not exceeding one year.	Above one year and not exceeding two years.	Above two years and not exceeding three years.	Above three years and not exceeding seven years.	Above seven years.	Total.
1905.	District Jails ...	Strength	...	...	12,322	7,963	8,606	5,733	5,936	2,925	43,483
		Deaths	...	...	203	143	141	70	174	48	785
		Ratio per 1,000 of strength	...	...	16'47	17'96	16'38	13'26	29'31	16'41	18'05
	Central Jails ...	Strength	...	...	23,285	9,771	5,741	2,315	2,063	236	43,413
		Deaths	...	...	477	195	125	29	42	8	876
1906.	District Jails ...	Ratio per 1,000 of strength	...	...	20'49	19'96	21'77	12'53	20'36	33'90	20'18
		Strength	...	...	13,611	8,288	8,297	5,820	5,898	3,107	45,021
		Deaths	...	...	207	146	141	107	146	43	700
	Central Jails ...	Ratio per 1,000 of strength	...	...	15'21	17'62	16'99	18'38	24'75	13'84	17'55
		Strength	...	...	23,121	10,459	5,963	2,491	2,012	319	44,365
1907.	District Jails ...	Deaths	...	...	535	195	97	33	35	4	899
		Ratio per 1,000 of strength	...	...	23'14	18'64	16'27	13'25	17'40	12'54	20'26
		Strength	...	...	12,378	8,339	8,508	6,454	5,957	3,046	44,672
	Central Jails ...	Deaths	...	...	231	132	124	75	125	37	724
		Ratio per 1,000 of strength	...	...	18'66	15'83	14'57	11'62	21'02	12'15	16'21
1908.	District Jails ...	Strength	...	...	21,741	10,058	5,947	2,494	2,001	415	42,656
		Deaths	...	...	495	175	99	32	31	4	836
		Ratio per 1,000 of strength	...	...	22'77	17'40	16'65	12'83	15'49	9'64	19'60
	Central Jails ...	Strength	...	...	24,367	10,893	6,330	2,727	1,961	372	46,650
		Deaths	...	...	819	214	122	34	43	7	1,239
1909.	District Jails ...	Ratio per 1,000 of strength	...	...	33'61	19'65	19'27	12'47	21'93	18'82	26'56
		Strength	...	...	13,622	8,999	8,930	6,601	6,324	3,136	47,612
		Deaths	...	...	286	172	192	140	198	65	1,053
	Central Jails ...	Ratio per 1,000 of strength	...	...	21'00	19'11	21'50	21'21	31'31	20'73	22'12
		Strength	...	...	24,024	10,705	6,201	2,902	2,038	355	46,225
	District Jails ...	Deaths	...	...	626	186	114	36	35	7	1,004
		Ratio per 1,000 of strength	...	...	26'06	17'38	18'38	12'41	17'17	19'72	21'72
		Strength	...	...	13,170	8,624	8,423	6,693	6,835	3,038	46,833
	Central Jails ...	Deaths	...	...	264	164	253	145	243	65	1,134
		Ratio per 1,000 of strength	...	...	20'05	19'02	30'04	21'66	35'55	21'05	24'21



Statement No. I.—Birth and Death statistics.

Province.	Year.	BIRTHS.			NUMBER OF DEATHS.			RATIO OF DEATHS PER 1,000 OF POPULATION.			HIGHEST DEATH-RATE.		LOWEST DEATH-RATE.		MEAN DEATH RATE DURING PREVIOUS FIVE YEARS.			Number of deaths of males to every 100 deaths of females.
		Total number.	Ratio per 1,000 of population.	Mean ratio per 1,000 of population during previous five years.	In municipalities and towns.	In districts excluding towns.	Total.	In municipalities and towns.	In districts excluding towns.	Total.	In municipalities and towns.	In districts excluding towns.	In municipalities and towns.	In districts excluding towns.	In municipalities and towns.	In districts excluding towns.	Total.	
Bengal	1908	1,823,716	36'09	38'90	100,134	1,848,379	1,948,513	31'20	39'06	38'56	94'25	68'38	6'53	36'93	37'26	35'41	35'53	109
	1909	1,909,547	37'79	38'40	92,186	1,451,785	1,543,971	28'66	30'68	30'55	65'49	44'42	4'06	19'34	35'73	36'43	36'39	108
Eastern Bengal and Assam.	1908	1,226,602	41'14	38'56	14,137	902,409	916,546	22'23	30'92	30'74	57'26	51'37	8'21	20'10	24'58	31'75	31'60	111
	1909	1,206,417	40'46	39'12	15,067	995,288	1,010,355	23'70	34'11	33'89	48'48	43'71	2'00	25'05	24'14	31'94	31'77	110
United Provinces of Agra and Oudh.	1908	1,736,702	37'46	43'09	165,121	2,349,640	2,514,761	49'20	53'00	52'73	114'53	81'22	18'68	27'43	51'38	39'38	40'30	102'84
	1909	1,589,196	33'32	41'35	126,364	1,654,705	1,781,069	37'56	37'33	37'34	67'63	49'17	16'44	25'70	51'25	42'15	42'79	107'37
Punjab	1908	840,061	41'8	42'6	111,973	908,152	1,020,125	55'58	50'19	50'73	121'43	84'35	5'80	19'21	49'58	48'86	48'93	102'8
	1909	705,910	35'1	42'4	68,317	552,766	621,083	34'62	30'48	30'89	73'32	38'16	4'11	17'06	50'36	49'16	49'28	110'9
North West Frontier Province.	1908	71,181	37'3	35'8	6,002	62,359	68,361	35'59	35'85	35'83	65'39	37'41	7'50	32'25	32'99	31'44	31'54	110'5
	1909	66,111	34'7	36'7	4,471	46,220	50,691	25'07	26'57	26'57	33'35	31'33	10'56	22'44	33'42	32'73	32'78	113'8
Central Provinces and Berar.	1908	633,575	52'84	51'26	46,567	410,514	457,081	37'74	38'16	38'12	70'55	42'59	18'14	32'60	49'35	36'57	37'91	110'05
	1909	617,987	51'63	53'01	48,687	347,448	396,135	39'30	32'38	33'09	89'78	42'52	15'72	25'13	43'96	37'82	38'44	112'49
Madras Presidency.	1908	1,192,136	32'4	31'1	137,291	823,628	960,919	32'3	25'3	26'2	70'8	37'8	2'8	13'8	29'4	22'8	23'6	104'5
	1909	1,215,717	33'1	31'4	112,711	688,855	801,566	26'4	21'2	21'8	55'2	27'2	2'0	16'0	30'4	23'5	24'4	105'0
Coorg	1908	4,365	24'17	24'75	767	5,544	6,311	50'30	33'53	34'94	83'12	38'85	27'50	28'21	40'08	28'79	29'74	124'11
	1909	4,981	27'58	24'28	704	4,380	5,084	46'17	26'49	28'15	62'10	37'05	29'25	18'38	40'38	29'53	30'44	124'46
Bombay Presidency.	1908	660,201	35'72	33'25	99,504	402,334	501,838	37'50	25'10	27'15	59'29	38'07	8'08	12'29	50'92	34'82	37'00	108'93
	1909	657,685	35'59	34'15	92,393	413,543	505,936	34'82	25'80	27'38	72'92	39'40	8'50	11'85	46'45	31'53	33'65	109'45
Lower Burma	1908	189,667	34'06	33'12	30,207	126,052	156,259	42'56	25'94	28'06	75'90	33'18	20'18	18'74	36'49	23'33	25'06	126
	1909	196,179	35'27	33'22	28,209	125,860	154,069	39'97	25'92	27'70	63'54	37'72	22'14	18'87	39'17	23'92	29'85	125
Upper Burma	1908	105,960	36'32	...	12,795	70,405	83,200	38'80	27'21	28'52	61'31	43'85	19'60	18'10	39'45	21'17	23'09	101
	1909	110,628	37'10	...	15,680	88,113	103,793	47'55	33'22	34'81	70'55	54'51	29'74	26'19	39'36	22'64	24'42	102
Ajmer-Merwara.	1908	20,261	42'48	32'09	6,819	12,274	19,093	52'60	35'34	40'03	90'37	55'23	36'77	23'89	42'77	25'90	30'49	103'68
	1909	18,021	37'78	34'69	9,378	14,914	24,292	72'34	42'95	50'94	124'28	104'89	35'73	21'61	45'09	28'13	32'74	100'26

Statement No. II.—Total number of deaths by months.

Province.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	RATIO PER 1,000 OF POPULATION.	
														1909.	1908.
Bengal ...	99,104	96,808	141,672	119,989	122,006	117,155	112,629	132,481	132,530	132,893	183,960	152,744	1,543,971	30'55	38'56
Eastern Bengal and Assam.	72,774	63,898	91,224	97,545	95,909	80,226	68,667	71,482	65,589	70,153	116,343	116,545	1,010,355	33'89	30'74
United Provinces of Agra and Oudh.	189,567	135,379	135,010	144,238	130,129	113,378	104,285	131,611	159,436	179,409	173,051	185,576	1,781,069	37'34	52'73
Punjab ...	68,676	49,463	51,212	49,468	51,128	42,022	32,492	37,831	47,225	62,159	65,231	64,176	621,083	30'89	50'73
North-West Frontier Province.	6,318	4,623	4,417	3,445	3,907	3,561	3,582	3,305	3,052	4,272	4,696	5,513	50,691	26'57	35'83
Central Provinces and Berar.	27,839	26,615	27,754	25,468	29,940	26,276	29,535	38,025	43,274	45,305	40,033	36,071	396,135	33'09	38'12
Madras Presidency.	77,267	64,568	64,491	56,533	60,087	60,653	65,446	65,726	69,458	71,275	70,624	75,438	801,566	21'8	26'2
Coorg ...	385	387	398	381	477	433	507	477	424	392	426	397	5,084	28'15	34'94
Bombay Presidency.	40,336	37,900	42,801	47,068	43,993	39,166	44,309	45,945	42,107	41,518	41,102	39,691	505,936	27'38	27'15
Burma { Lower ...	10,963	10,521	10,195	11,225	10,617	11,601	14,766	15,562	14,235	14,047	14,932	15,405	154,069	27'70	28'06
Burma { Upper ...	7,701	6,687	7,074	6,218	7,075	8,094	11,544	10,869	9,573	9,007	9,858	10,093	103,793	34'81	28'52
Ajmer-Merwara.	1,744	1,334	1,344	1,408	1,236	862	871	1,445	2,793	4,133	3,810	3,312	24,292	50'94	40'03
Total ...	602,674	498,183	577,592	562,986	556,504	503,427	488,633	554,759	589,666	634,563	724,066	704,961	6,998,044	30'91	38'11



— *Statement No. III.—Births.*

Province.	Population under registration.	RATIO OF BIRTHS PER 1,000 OF POPULATION.			Number of males born to every 100 females.	Excess of births over deaths per 1,000 of population.	Excess of deaths over births per 1,000 of population.
		Maximum for any one district.	Minimum for any one district.	Mean for the province.			
Bengal ... ..	50,528,446	50·07	22·90	37·79	105	7·24	...
Eastern Bengal and Assam ...	29,812,735	52·01	26·62	40·46	106	6·57	...
United Provinces of Agra and Oudh	47,691,782	46·97	23·37	33·32	108·70	...	4·02
Punjab ... ..	20,108,690	68·9	19·4	35·1	110·0	4·2	...
North-West Frontier Province ...	1,908,184	42·0	28·7	34·7	121·4	7·6	...
Central Provinces and Berar ...	11,970,201	59·22	38·69	51·63	104·77	18·54	...
Madras Presidency ... ..	36,691,654	39·2	26·0	33·1	104·5	11·3	...
Coorg ... ..	180,607	38·43	20·22	27·58	100·52	...	·57
Bombay Presidency ... ..	18,481,362	54·36	14·65	35·59	107·98	8·21	...
Burma ... { Lower ...	5,561,944	47·45	20·24	35·27	107	8	...
... { Upper ...	2,981,809	42·80	29·83	37·10	105	2	...
Ajmer-Merwara ... ..	476,912	47·19	35·00	37·78	116·52	...	13·15

— *Statement No. IV.—Deaths.*

Province.	Population under registration.	Area in square miles.	Average population per square mile.	RATIO OF DEATHS PER 1,000 OF POPULATION.			DEATH RATE BY SEX.	
				Maximum for any one district.	Minimum for any one district.	Mean for the province.	Male.	Female.
Bengal ... ..	50,528,446	110,469	457	42·15	19·41	30·55	32·01	29·11
Eastern Bengal and Assam.	29,812,735	71,555	416	43·29	24·89	33·89	34·89	32·85
United Provinces of Agra and Oudh.	47,691,782	107,164	445	49·08	26·63	37·34	37·46	37·22
Punjab ... ..	20,108,690	97,209	207	39·6	23·9	30·9	30·3	31·6
North-West Frontier Province.	1,908,184	13,688	149	30·2	24·5	26·6	26·5	26·7
Central Provinces and Berar.	11,970,201	99,803	120	45·06	25·11	33·09	35·39	30·84
Madras Presidency ... ..	36,691,654	129,372	284	38·3	17·2	21·8	22·7	21·0
Coorg ... ..	180,607	1,583	114	37·31	22·69	28·15	28·12	28·19
Bombay Presidency ... ..	18,481,362	122,984	150	35·95	14·85	27·38	27·74	26·98
Burma ... { Lower ...	5,561,944	75,952	73	39·63	18·98	27·70	28·97	27·04
... { Upper ...	2,981,809	32,885	91	53·95	26·71	34·81	36·94	32·88
Ajmer-Merwara ... ..	4,76,912	2,711	176	55·93	34·11	50·94	48·45	53·70

— *Statement No. V.—Deaths in Towns and Rural Circles compared.*

Province.	NUMBER OF REGISTRATION CIRCLES.			POPULATION.			RATIO OF DEATHS PER 1,000 OF POPULATION.		
	Rural.	Town.	Total.	Rural.	Town.	Total.	Rural.	Town.	Total.
Bengal ... ..	402	129	531	47,312,029	3,216,417	50,528,446	30·68	28·66	30·55
Eastern Bengal and Assam.	242	54	296	29,177,017	635,718	29,812,735	34·11	23·70	33·89
United Provinces of Agra and Oudh.	782	424	1,206	44,327,536*	3,364,246	47,691,782*	37·33	37·56	37·34
Punjab ... ..	409	134	543	18,135,304	1,973,386	20,108,690	30·48	34·62	30·89
North-West Frontier Province.	66	12	78	1,739,531	178,316†	1,908,184	26·57	25·07	26·57
Central Provinces and Berar.	320	106	426	10,731,534	1,238,667	11,970,201	32·38	39·30	33·09
Madras Presidency ... ..	199	232	431	32,428,855	4,262,799	36,691,654	21·2	26·4	21·8
Coorg ... ..	5	5	10	165,358	15,249	180,607	26·49	46·17	28·15
Bombay Presidency ... ..	224	65	289	16,027,055	2,653,369	18,481,362‡	25·80	34·82	27·38
Burma { Lower ...	219	39	258	4,856,185	705,759	5,561,944	25·92	39·97	27·70
... { Upper ...	121	17	138	2,652,040	329,769	2,981,809	33·22	47·55	34·81
Ajmer-Merwara ... ..	17	6	23	347,280	129,632	476,912	42·95	72·34	50·94

\* Includes 16,010 persons enumerated at the Ajodhya fair.

† Includes a population of 9,663 in Nowshera Kalan (Notified area).

‡ The total excludes the increased population of Bombay city according to special census of 1906.



Statement No. VI.—Deaths according to age.

Province.	RATIO PER 1,000 OF POPULATION.																			
	Under one year.		1—5 years.		5—10 years.		10—15 years.		15—20 years.		20—30 years.		30—40 years.		40—50 years.		50—60 years.		60 years and upwards.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
Bengal ...	266·06	227·27	45·86	41·34	16·70	14·30	11·80	10·41	14·01	13·52	16·97	15·69	20·68	17·56	26·51	21·03	42·35	38·14	89·07	74·02
Eastern Bengal and Assam.	258·25	220·35	48·79	43·22	18·39	14·38	12·19	11·41	18·41	21·96	19·85	23·72	23·79	25·22	30·40	27·55	46·28	40·70	82·88	62·71
United Provinces of Agra and Oudh.	268·97	252·59	58·37	59·04	16·85	16·39	9·87	9·84	12·31	14·91	17·83	18·89	22·96	22·15	35·87	31·92	60·59	54·07	109·17	91·31
Punjab ...	246·83	245·92	46·45	47·98	11·48	12·60	8·47	11·15	10·06	11·30	12·90	14·37	16·15	17·89	25·13	23·44	36·72	34·65	83·66	80·92
North-West Frontier Province.	194·7	156·2	34·4	33·2	10·1	10·5	7·0	9·1	8·5	10·3	10·2	12·0	13·8	17·2	22·3	24·6	35·9	36·5	63·6	65·1
Central Provinces and Berar.	Information not available.																			
Madras Presidency.	209·8	170·7	26·8	25·3	7·7	7·2	5·5	5·7	8·5	11·5	10·8	11·2	12·2	11·4	18·0	13·8	29·0	23·6	70·5	65·0
Coorg ...	211·08	187·37	38·18	27·84	7·74	8·99	6·65	7·22	12·21	14·20	19·54	25·02	27·70	27·11	34·77	27·29	45·80	44·14	77·46	70·34
Bombay Presidency.	308·56	270·15	47·28	46·30	10·12	10·14	7·54	8·58	12·03	14·13	14·24	15·71	16·50	16·07	23·90	18·02	36·39	28·82	84·51	74·73
Burma { Lower	369·93	276·05	29·70	27·08	13·18	12·14	9·50	8·47	13·65	11·54	14·80	14·31	19·02	19·37	26·55	22·81	32·88	27·34	76·71	72·19
Upper	381·34	281·81	44·41	41·92	18·40	16·67	11·29	10·56	15·55	13·20	15·67	16·38	20·42	20·16	25·60	19·62	36·31	27·57	91·65	80·57
Ajmer-Merwara.	259·82	270·01	105·84	109·47	22·09	24·23	16·49	21·18	22·27	32·92	29·80	36·68	36·53	40·00	45·80	41·60	76·88	75·95	122·36	121·03
Total ...	260·72*	226·57*	45·28	43·00	14·29	12·93	9·53	9·39	12·72	14·66	15·91	16·96	19·36	18·48	27·44	23·15	43·51	38·19	88·07	75·97

NOTE.—The total ratios under the age periods “1—5” to “60 years and upwards” exclude Central Provinces and Berar for which the age distribution of the population is not known.

\* Calculated on the number of births during 1909.

Statement No. VII.—Deaths according to cause.

Province.	DEATHS PER 1,000 OF POPULATION IN 1909.								All causes.	Ratio of deaths in 1903	Ratio of deaths in 1907.
	Cholera.	Small-pox.	Plague.	Fevers.	Dysentery and Diarrhoea.	Respiratory diseases.	Injuries.	All other causes.			
Bengal ... ..	1·12	·76	·23	20·90	·71	·29	·53	5·98	30·55	38·56	37·72
Eastern Bengal and Assam ...	2·40	·79	·00003	24·56	·87	·15	·38	4·69	33·89	30·74	29·30
United Provinces of Agra and Oudh ...	·46	·12	·80	30·94	·30	·34	·52	3·86	37·34	52·73	43·46
Punjab ... ..	·08	·17	1·77	20·40	·52	2·22	·35	5·38	30·89	50·73	62·10
North-West Frontier Province ...	·07	·32	·001	20·65	·21	·85	·40	4·06	26·57	35·83	35·12
Central Provinces and Berar ...	·64	·35	1·61	15·08	2·79	2·60	·57	9·45	33·09	38·12	41·70
Madras Presidency ... ..	1·1	·5	·1	7·3	1·3	·8	·3	10·4	21·8	26·2	24·3
Coorg ... ..	·55	·03	·01	22·77	1·04	·33	·12	3·31	28·15	34·94	35·15
Bombay Presidency ... ..	1·55	·27	1·32	12·11	1·90	2·89	·38	6·95	27·38	27·15	32·82
Burma { Lower ... ..	·73	·15	·61	9·44	1·65	1·01	·35	13·77	27·70	28·06	26·84
Upper ... ..	2·46	·06	1·20	9·47	1·08	·72	·40	19·41	34·81	28·52	26·13
Ajmer-Merwara ... ..	...	·03	10·85	33·15	1·13	·48	·50	4·80	50·94	40·03	29·63

Statement No. VIII.—Ratio of Deaths from all causes according to months.

Province.	† ANNUAL DEATH RATE PER MILLE FOR THE MONTH OF—												Rate for the year.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Bengal ...	23·09	24·98	33·01	28·89	28·43	28·21	26·24	30·87	31·91	30·97	44·30	35·59	30·55
Eastern Bengal and Assam	28·74	27·94	36·03	39·81	37·88	32·74	27·12	28·23	26·77	27·71	47·48	46·03	33·89
United Provinces of Agra and Oudh	46·80	37·00	33·33	36·80	32·13	28·92	25·75	32·49	40·67	44·29	44·15	45·82	37·34
Punjab ...	40·21	32·07	29·99	29·93	29·93	25·43	19·02	22·15	28·57	36·40	39·47	37·58	30·89
North-West Frontier Province	38·98	31·58	27·25	21·97	24·11	22·71	22·10	20·39	19·46	26·36	29·94	34·02	26·57
Central Provinces and Berar	27·38	28·98	27·30	25·89	29·45	26·71	29·05	37·40	43·98	44·56	40·69	35·48	33·09
Madras Presidency	24·79	22·94	20·69	18·75	19·28	20·11	21·00	21·09	23·03	22·87	23·42	24·21	21·8
Coorg ...	25·10	27·93	25·95	25·67	31·10	29·17	33·05	31·10	28·56	25·56	28·70	25·88	28·15
Bombay Presidency	25·70	26·73	27·27	30·99	28·03	25·78	28·23	29·27	27·72	26·45	27·06	25·29	27·38
Burma { Lower	23·21	24·66	21·58	24·55	22·48	25·38	31·26	32·94	31·14	29·74	32·66	32·61	27·70
Upper	30·41	29·23	27·93	25·37	27·94	33·03	45·58	42·92	39·06	35·57	40·22	39·85	34·81
Ajmer-Merwara	43·06	36·46	33·18	35·92	30·51	21·99	21·50	35·67	71·25	102·04	97·20	81·77	50·94
India	31·34	28·69	30·04	30·26	28·94	27·05	25·41	28·85	31·69	33·00	38·91	36·66	30·91

† The ratios in this statement have been calculated with reference to the number of days in each month.



STATEMENT I.—Deaths from CHOLERA in the different provinces in India from 1878 to 1909.

YEAR.	* Bengal.	Assam.	United Provinces of Agra and Oudh.	Punjab.	(a) N.-W. Frontier Province.	Central Provinces.	Berar.	Madras.	Coorg.	Bombay.	Lower Burma.	Upper Burma. †	Ajmer-Merwara.	Rajputana.	Central India.	Hyderabad (cantonnement stations).	Mysore.
1878	95,192	6,732	22,221	215	...	49,985	34,306	47,167	49	46,743	6,759	...	210	2,393	8,047	6,696	723
1879	130,363	17,415	35,892	26,135	...	27,575	223	13,296	...	6,937	1,828	...	120	918	2,734	6	14
1880	39,643	2,083	71,546	274	...	330	1	613	...	684	2,638	...	3	...	299	...	25
1881	79,180	5,010	25,865	5,207	...	9,140	3,404	9,446	3	16,694	5,239	...	16	197	581	1,721	25
1882	182,352	21,055	89,372	39	...	11,932	3,573	23,604	31	7,904	7,177	...	289	1,327	1,562	150	893
1883	90,439	14,908	18,160	190	...	16,235	27,897	36,284	...	37,954	2,185	...	87	797	1,740	1,947	124
1884	134,421	22,276	30,143	614	...	149	87	75,476	...	13,804	5,515	...	227	1,297	1,018	2,479	330
1885	173,767	7,753	63,457	1,936	...	21,868	3,683	58,109	...	37,287	7,685	...	100	1,615	4,624	1,387	2,677
1886	118,368	20,188	34,565	12	...	16,679	976	12,417	...	167	4,027	...	765	173	290	499	10
1887	172,578	7,941	200,628	8,804	...	12,576	14,396	28,359	3	25,711	2,649	...	384	2,612	8,868	2,831	832
1888	111,391	9,693	18,704	14,938	...	921	305	58,677	2	36,500	15,982	...	13	32	191	2,057	1,015
1889	171,103	18,288	48,494	2,838	...	52,588	10,925	76,020	9	32,431	3,240	...	55	6,923	3,344	1,128	1,590
1890	145,885	15,396	80,295	3,401	...	4,787	847	35,288	5	3,259	1,076	...	408	2,746	3,132	...	1,326
1891	229,575	23,882	169,013	10,107	...	21,312	7,958	98,773	7	17,850	2,400	...	532	2,946	13,474	3,102	1,204
1892	259,398	21,552	194,886	75,959	...	39,972	2,030	79,033	58	42,900	6,208	...	2,352	26,760	8,384	53	5,497
1893	126,976	21,849	12,154	639	...	557	1,188	32,209	9	18,853	2,393	...	3	314	127	165	680
1894	236,150	13,497	178,079	113	...	7,043	3,452	42,289	8	33,588	7,428	...	...	2	5,210	1,862	328
1895	177,087	18,962	51,562	549	...	15,506	11,919	21,172	...	8,890	5,150	...	289	1,049	6,043	467	2,334
1896	226,824	17,012	69,147	5,146	...	52,985	12,264	47,847	49	35,404	2,959	...	12	3,797	15,766	525	2,100
1897	196,247	33,240	44,208	622	...	57,131	10,122	143,445	106	57,109	8,538	...	19	1,496	13,202	1,039	4,248
1898	65,020	11,149	2,508	338	...	7	...	65,444	8	4,368	2,972	...	1	6	2	6	1,193
1899	107,678	8,380	8,142	1,816	...	761	541	29,082	...	8,579	4,942	2,050	1	498	...	...	123
1900	345,878	23,761	84,960	28,260	...	63,114	18,375	60,662	...	163,889	3,440	41	4,842	28,719	20,450	3,813	779
1901	110,753	7,468	53,905	180	117	49	17	81,370	58	13,600	3,552	†	50	6	72	1	11,351
1902	150,971	12,658	25,160	371	...	28	16	29,769	...	3,230	1,844	57	32	1,519	12	...	218
1903	203,105	8,360	47,159	14,688	1,354	437	...	27,393	...	1,825	5,346	2,887	...	236	1,110	...	98
1904	137,701	5,588	6,617	716	1	2,967	...	23,109	...	13,156	2,472	508	...	1	150	...	471
1905	146,339	142,312**	121,790	2,197	300	1,217	...	16,888	...	5,396	3,511	1,836	...	3	27	64	626
1906	192,596	108,278	149,549	4,232	...	38,768	...	142,811	10	46,119	5,529	2,343	284	4,714	10,147	1,061	7,223
1907	205,702	77,181	22,438	437	266	4,291	...	81,565	187	7,656	7,964	414	1	64	413	1	4,972
1908	268,908	59,329	83,544	12,297	2,845	9,048	...	141,970	114	1,759	9,336	2,575	...	737	1,730	937	2,449
1909	56,711	71,737	21,823	1,513	134	7,687	...	39,424	99	28,714	4,041	7,348	...	403	1,421	164	1,679

\* Excluding Calcutta from 1878 to 1892.  
† Including Berar from 1903.  
‡ Eastern Bengal and Assam.  
|| Excluding Zamindaris.  
\*\* Including Berar from 1903.





Table I.—Small-pox mortality.

Provinces, Districts, Towns.	Bengal.	Eastern Bengal and Assam	United Provinces of Agra and Oudh.	Punjab.	North-West Frontier Province.	Central Provinces and Berar.	Madras Presidency.	Coorg.	Bombay Presidency.	Lower Burma.	Upper Burma.	Ajmer-Merwara.	Registration Indla.
<b>I.—Mortality by Provinces :—</b>													
<b>A.—Deaths by months :—</b>													
January ... ..	2,959	745	487	395	21	366	2,175	...	438	24	3	4	7,617
February ... ..	4,346	1,294	618	332	37	444	2,369	...	663	56	5	4	10,168
March ... ..	8,334	3,224	1,017	351	32	659	2,658	...	1,083	101	27	...	17,486
April ... ..	8,433	4,950	1,257	379	37	726	2,323	3	1,010	113	53	3	19,347
May ... ..	6,592	5,074	1,104	421	66	630	1,555	1	691	132	41	...	16,307
June ... ..	3,842	3,020	693	449	81	379	1,298	1	345	129	19	3	10,259
July ... ..	1,560	1,731	386	266	55	268	1,074	...	173	62	7	...	5,582
August ... ..	814	1,010	158	189	41	133	1,191	...	119	66	2	1	3,714
September ... ..	503	624	54	155	30	86	1,034	...	82	18	15	1	2,502
October ... ..	293	512	39	147	30	59	1,096	...	60	34	4	...	2,274
November ... ..	398	662	37	143	77	154	999	1	119	9	1	...	2,600
December ... ..	535	758	57	125	104	251	1,090	...	236	30	...	...	3,186
Total ... ..	38,609	23,604	5,907	3,352	611	4,155	18,862	6	5,019	834	177	16	101,152
<b>B.—Annual death ratios :—</b>													
Ratio per 1,000 of population, 1909.	'76	'79	'12	'17	'32	'35	'5	'03	'27	'15	'06	'03	'45
Ratio per 1,000 of population, 1908...	'71	'31	1'26	1'42	'38	'75	'6	'21	'14	'13	'19	1'81	'75
Difference ... ..	+ '05	+ '48	— 1'14	— 1'25	— '06	— '40	— '1	— '18	+ '13	+ '02	— '13	— 1'78	— '30
Mean ratio per 1,000 during 1904-1908.	'41	'25	'45	'67	'49	'56	'6	'70	'32	'61	'25	'85	'45
Difference ... ..	+ '35	+ '54	— '33	— '50	— '12	— '21	— '1	— '67	— '05	— '46	— '19	— '82	...
<b>II.—District mortality excluding Towns :—</b>													
Number of districts affected ... ..	32	22	37	29	5	21	22	3	23	13	11	4	222
Highest district ratio ... ..	2'53	4'34	1'11	'72	'84	1'20	2'0	'08	1'01	'61	'07	1'11	4'34
Name of that district ... ..	Howrah	Rungpur	Mirzapur.	Mianwall.	Kohat	Bilaspur	Vizagapatam.	Yedeaiknad Taluk	East Khandesh	Pegu	Minbu	Dewair	Rungpur.
Lowest district ratio ... ..	'04	'01	'001	'01	'04	'01	'04	'03	'003	'002	'003	'08	'001
Name of that district ... ..	Sambalpur.	Chittagong.	Bara Banki.	Gujranwala.	Bannu	Petul	Anantapur.	Padinalknad Taluk.	Thazant Parkar.	Heuzada	Myingyan	Jassakhe-ra.	Bara Banki.
Number of districts without mortality.	Nil	Nil	11	Nil	Nil	3	Nil	2	2	5	Nil	13	36
District death rate per 1,000 of population.	'66	'80	'13	'17	'31	'35	'5	'04	'20	'12	'03	'05	'43
<b>III.—Town mortality :—</b>													
Number of Towns affected ... ..	108	37	28	60	6	46	99	...	27	16	10	...	437
Highest town ratio ... ..	8'21	1'93	2'70	4'25	1'82	5'07	6'1	...	5'67	1'63	2'57	...	8'21
Name of that town ... ..	Manik-tala.	Nawabganj.	Ahaura	Zira	Kohat	Jalgaon	Cocanada	...	Nasirabad.	Pegu	Magwe	...	Manik-tala.
Lowest town ratio ... ..	'03	'05	'004	'02	'21	'01	'01	...	'03	'03	'07	Nil	'004
Name of that town ... ..	Cuttack	Jamalpur	Lucknow	Jullundur	Nowshera kalan (notified area).	Jubbulpur	Negapatam.	...	Sholapur	Bassein	Pyinmana	...	Lucknow.
Number of towns without mortality	21	17	77	74	6	60	133	...	38	23	7	...	456
Town death rate per 1,000 of population.	2'22	'39	'07	'12	'42	'32	'3	...	'66	'34	'31	...	'63
<b>IV.—Infantile mortality :—</b>													
Children under one year ... ..	4,900	3,922	1,251	721	157	1,478	6,362	...	1,828	22	1	5	20,647
Children 1—10 years ... ..	11,597	8,128	2,995	1,705	394	1,515	4,244	...	2,399	119	5	10	33,112
Percentage of children in total small-pox mortality.	42'73	51'05	71'88	72'40	90'18	72'03	56'23	...	84'22	16'91	3'39	93'75	53'15



Table II.—Fever mortality.

Provinces, Districts, Towns.	Bengal.	Eastern Bengal and Assam.	United Provinces of Agra and Oudh.	Punjab.	North-West Frontier Province.	Central Provinces and Berar.	Madras Presidency.	Coorg.	Bombay Presidency.	Lower Burma.	Upper Burma.	Ajmer-Merwara.	Registration India.
<b>I.—Mortality by Provinces :—</b>													
<b>A.—Deaths by months—</b>													
January ... ..	67,932	55,912	168,488	50,863	5,185	12,726	22,738	305	20,826	4,128	1,729	1,460	412,292
February ... ..	65,193	48,878	116,335	33,851	3,737	11,819	19,681	281	19,011	3,897	1,572	1,057	325,312
March ... ..	93,220	66,561	112,550	31,464	3,529	12,910	20,737	326	20,413	3,437	2,051	1,087	368,285
April ... ..	77,551	62,673	120,676	28,367	2,659	12,032	19,063	304	18,834	3,955	1,766	1,115	348,995
May ... ..	79,527	64,144	106,638	30,597	2,951	14,930	20,608	340	17,999	3,514	1,823	935	344,006
June ... ..	76,423	59,774	93,311	29,499	2,671	12,938	21,236	354	15,720	3,848	1,988	676	318,438
July ... ..	73,484	52,639	84,108	22,593	2,700	13,276	21,548	418	17,144	5,038	2,715	705	296,368
August ... ..	88,411	55,666	106,073	25,588	2,352	15,831	21,337	411	18,282	5,005	2,601	1,110	342,637
September ... ..	92,609	49,633	129,395	30,718	2,238	18,410	22,842	353	17,508	4,542	2,606	1,657	372,512
October ... ..	94,863	49,463	145,157	41,845	3,353	19,941	24,820	327	18,323	4,251	2,521	1,988	409,862
November ... ..	138,149	82,765	142,919	43,749	3,699	19,174	25,742	363	20,090	5,036	3,249	2,061	486,996
December ... ..	108,875	84,380	146,919	41,169	4,319	16,557	28,056	331	19,738	5,862	3,625	1,958	461,789
Total ... ..	1,056,237	732,488	1,475,570	410,273	39,403	180,544	268,408	4,113	223,888	52,513	28,246	15,809	4,487,492
<b>B.—Annual death ratios:—</b>													
Ratio per 1,000 of population, 1909	20'90	24'56	30'94	20'40	20'65	15'08	7'3	21'77	12'11	9'44	9'47	33'15	19'82
Ratio per 1,000 of population, 1908	23'44	22'37	41'31	34'66	26'62	18'16	8'0	27'84	13'17	9'63	9'23	30'79	23'96
Difference ... ..	—2'54	+2'19	—10'37	—14'26	—5'97	—3'08	—7	—5'07	—1'06	—'19	+1'24	+2'36	—4'14
Mean ratio per 1,000 during 1904-1908 ...	22'66	22'50	29'62	22'47	25'24	17'29	7'9	24'46	13'80	9'71	7'39	24'68	20'22
Difference ... ..	—1'76	+2'06	+1'32	—2'07	—4'59	—2'21	—6	—1'69	—1'69	—'27	+2'08	+8'47	—'40
<b>II.—District mortality excluding towns:—</b>													
Number of districts affected ...	32	22	48	29	5	24	22	5	25	18	11	17	258
Highest district ratio ...	33'92	37'83	44'03	29'00	24'60	24'87	15'8	33'44	24'31	20'38	17'44	62'52	62'52
Name of that district ...	Darbhanga.	Goalpara.	Bareilly.	Multan.	Dera Ismail Khan.	Damoh.	Vizagapatam.	Nanjaraipatna.	Ahmedabad.	Thayetmyo.	Mandalay.	Ghegal.	Ghegal.
Lowest district ratio ...	6'94	15'46	16'83	4'20	15'83	6'38	1'0	15'69	4'63	3'09	4'34	20'33	1'0
Name of that district ...	Puri ...	Sibsagar.	Garhwal.	Simla.	Hazara.	Akola.	Anantapur.	Tedenaknand.	Belganm.	Maubin.	Meiktila.	Sawar.	Anantapur.
Number of districts without mortality	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.
District death rate per 1,000 of population.	21'64	24'82	31'27	20'55	21'19	15'79	7'6	22'96	12'75	10'10	10'26	33'93	20'47
<b>III.—Town mortality :—</b>													
Number of towns affected ...	129	54	105	134	12	106	229	5	65	39	17	6	901
Highest town ratio ...	40'75	34'33	58'18	43'59	17'18	22'28	21'3	31'25	26'20	22'56	13'25	63'92	33'92
Name of that town ...	Sahibganj	Cox's Bazar.	Balampur.	Kot Mitthan.	Dera Ismail Khan	Etawah.	Srungavarapukota.	Fraserpet.	Larkhana.	Pyapon.	Yenangyaung.	Pisangan	Pisangan
Lowest town ratio ...	1'67	'66	10'68	1'68	7'12	1'43	'1	16'81	'88	1'44	'56	13'16	'1
Name of that town ...	Balasore.	North Lakhimpur.	Allahabad	Khangah Dogran	Kulachi.	Deulgaon	Arcot.	Virajendrapet.	Gadag-Bettigerl.	Moulmein.	Myingyan	Nasirabad.	Arcot.
Number of towns without mortality	Nil	Nil.	Nil.	Nil.	Nil.	Nil.	3	Nil.	Nil.	Nil.	Nil.	Nil.	3
Town death rate per 1,000 of population.	10'01	12'79	26'50	19'03	14'21	8'96	5'5	20'72	7'39	4'91	3'13	31'06	12'44



Table III.—Dysentery and Diarrhœa mortality.

Provinces, Districts, Towns.	Bengal.	Eastern Bengal and Assam.	United Provinces of Agra and Oudh.	Punjab.	North-West Frontier Province.	Central Provinces and Berar.	Madras Presidency.	Coorg.	Bombay Presidency.	Lower Burma.	Upper Burma.	Ajmer-Merwara.	Registration India.
<b>I.—Mortality by Provinces :—</b>													
<b>A.—Deaths by months—</b>													
January ... ..	2,699	1,461	926	1,108	28	1,943	4,872	16	2,173	487	109	39	15,861
February ... ..	2,467	1,177	805	646	17	1,746	4,310	44	1,944	573	82	17	13,828
March ... ..	3,364	1,820	819	554	35	1,854	3,876	6	2,057	512	125	32	15,054
April ... ..	2,731	2,428	1,105	694	19	1,790	3,281	8	2,800	660	115	56	15,687
May ... ..	2,859	2,874	1,403	343	59	2,157	3,575	16	2,554	772	232	53	17,377
June ... ..	3,072	2,834	1,428	809	40	2,072	3,589	20	2,826	979	271	22	17,962
July ... ..	3,315	2,463	1,423	691	43	3,161	4,309	24	4,251	1,306	664	27	21,677
August ... ..	3,714	2,124	1,425	862	35	4,712	4,206	16	4,763	1,193	586	62	23,698
September ... ..	2,936	1,937	1,368	1,151	32	4,978	4,171	10	3,858	872	372	90	21,775
October ... ..	2,652	2,106	1,191	1,137	39	3,920	4,181	10	3,016	596	265	43	19,156
November ... ..	3,064	2,534	1,179	1,033	19	2,795	3,800	9	2,487	673	221	54	17,868
December ... ..	3,108	2,413	1,188	888	41	2,278	4,006	8	2,310	539	193	41	17,013
Total ... ..	35,981	26,171	14,260	10,416	407	33,386	48,176	187	35,039	9,162	3,235	535	216,956
<b>B.—Annual death ratios—</b>													
Ratio per 1,000 of population, 1909	'71	'87	'30	'52	'21	2'79	1'3	1'04	1'90	1'65	1'08	1'13	'96
Ratio per 1,000 of population, 1908	1'28	'83	'41	1'05	'17	3'40	1'7	2'26	2'21	1'77	'68	1'52	1'26
Difference ... ..	—'57	+ '04	—'11	—'53	+ '04	—'61	—'4	—1'22	—'31	—'12	+ '40	—'39	—'30
Mean ratio per 1,000 during 1904-1908...	'99	'77	'50	'79	'27	3'22	1'6	12'3	2'96	1'54	'52	1'08	1'21
Difference ... ..	—'28	+ '10	—'20	—'27	—'06	—'43	—'3	—11'26	—1'06	+ '11	+ '56	+ '05	—'25
<b>II.—District mortality excluding towns :—</b>													
Number of districts affected ...	32	22	48	29	5	24	22	5	25	18	11	12	253
Highest district ratio ...	4'29	7'31	6'91	2'84	'47	8'80	5'5	1'32	5'43	2'39	1'64	'48	8'80
Name of that district ...	Puri	Lakhimpur.	Garhwal	Simla	Dera Ismail Khan.	Akola	Nilgiris	Kiggaonad	Sholapur	Mergul	Yamethin	Dewair	Akola
Lowest district ratio ...	'03	'02	'01	'04	'01	'17	'2	'23	'02	'38	'20	'03	'01
Name of that district ...	Purnea	Malda	Bahraich	Hoshiarpur.	Kohat	Bhandara	Vizagapatam	Mercara Taluk	Upper Sind Frontier	Toungoo	Kyaukse	Bhinai	Kohat
Number of districts without mortality.	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	5	5
District death rate per 1,000 of population.	'61	'85	'22	'38	'16	2'81	1'1	'70	1'78	1'27	1'02	'08	'84
<b>III.—Town mortality :—</b>													
Number of towns affected ...	125	43	94	129	11	105	213	4	63	37	17	3	849
Highest town ratio ...	7'67	8'43	5'09	4'98	2'04	8'72	11'3	9'80	9'72	14'49	4'93	7'81	14'49
Name of that town ...	Uttarpara	Mangaldai	Chandausi	Kaibagh	Tank (Notified area.)	Sirasgaon	Palamcottah	Virajendrapet.	Athni	Myanaung	Pyinmana	Ajmer Suburb	Myanaung
Lowest town ratio ...	'08	'04	'05	'19	'18	'23	'1	1'88	'19	'21	'48	2'49	'04
Name of that town ...	Jagdispur.	Serajganj	Deoband	Khangah Dogran.	Haripur	Ramtek	Tenali	Fraserpet	Kaira	Thaton	Magwe	Nasirabad	Sirajganj
Number of towns without mortality.	4	6	11	5	1	1	19	1	2	2	Nil	3	55
Town death rate per 1,000 of population.	2'07	1'75	1'35	1'76	'77	2'62	3'1	4'65	2'46	4'25	1'65	3'91	2'29



Table IV.—Plague mortality.

Province or State.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
													1909.	1908.
British Provinces.—														
Bengal ... ..	911	1,210	2,343	1,137	954	352	169	212	211	283	926	3,071	11,779	15,948
Eastern Bengal and Assam	...	...	1	...	...	...	...	...	...	...	...	...	1	...
United Provinces of Agra and Oudh.	1,336	2,121	4,384	2,701	2,353	304	634	1,751	1,687	1,792	5,101	14,230	38,394	22,878
Punjab ... ..	1,791	2,420	5,839	8,753	7,763	1,027	47	58	322	1,148	1,937	4,550	35,655	30,708
North-West Frontier Province.	...	...	...	...	1	...	...	...	...	...	...	...	1	563
Central Provinces and Berar	379	1,635	1,377	336	97	16	33	526	2,973	5,435	3,072	2,837	19,216	6,236
Madras Presidency ...	185	165	111	80	90	168	410	674	755	506	383	317	3,844	3,358
Coorg ... ..	...	...	...	...	...	...	...	...	...	1	1	...	2	26
Bombay Presidency ...	1,793	1,867	3,179	2,772	1,517	354	653	1,474	2,434	3,282	2,696	2,298	24,319	27,345
Burma { Lower	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	316	608	617	292	152	260	405	403	123	62	35	92	3,365	5,169
Upper	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	1,160	1,238	591	94	13	4	30	73	54	21	50	253	3,581	1,583
Ajmer-Merwara ...	...	53	31	14	13	...	...	29	714	1,779	1,457	1,086	5,176	74
TOTAL { 1909	...	8,371	11,317	18,473	16,179	12,953	2,485	2,381	5,200	9,273	14,309	15,658	28,734	145,333
	...	9,842	16,840	27,266	22,959	8,627	2,070	1,630	2,777	5,010	6,202	5,132	5,533	...
Native States, etc.—														
Eastern Bengal and Assam Native States.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
United Provinces of Agra and Oudh Native States.	...	...	...	...	...	...	...	...	...	...	...	...	...	3*
Punjab Native States ...	701	633	950	1,319	1,680	370	74	39	209	485	1,137	1,802	9,409	9,424
Jammu and Kashmir States	...	...	2	15	12	...	...	...	2	26	39	60	156	61
Baluchistan ... ..	...	1	...	...	...	...	...	...	...	...	...	...	1	1
Rajputana ... ..	679	623	1,267	971	344	224	1	47	379	639	693	617	6,984	7,862
Central India ... ..	75	105	80	8	2	...	16	200	1,013	1,324	463	247	3,533	1,404
Native States in Central Provinces.	...	...	...	...	...	...	...	...	...	4	...	...	4	...
Bombay Presidency Native States.	768	1,014	1,290	537	167	64	83	704	1,018	1,046	790	801	8,282	14,327
Hyderabad State ...	142	101	18	1	...	...	...	...	68	61	42	60	493	1,625
Mysore ... ..	276	261	236	28	26	144	274	442	767	745	538	311	4,048	7,133
Bangalore, Civil and Military Station.	38	78	32	28	19	22	30	130	74	94	84	33	562	750
Madras Native States ...	...	...	...	...	...	...	...	1	...	...	2	...	3	2
TOTAL { 1909	...	2,679	2,816	3,885	2,907	2,750	824	478	1,463	3,530	4,424	3,788	3,931	33,475
	...	4,363	6,126	8,117	5,596	3,232	639	547	1,824	3,396	3,681	2,839	2,232	...
GRAND TOTAL { 1909	...	11,050	14,133	22,358	19,086	15,703	3,309	2,859	6,663	12,803	18,733	19,446	32,665	178,808
	...	14,205	22,966	35,383	28,555	11,859	2,709	2,177	4,601	8,406	9,883	7,971	7,765	...
Calcutta City ... ..	61	92	345	435	632	273	114	57	31	29	23	25	2,117	...
Bombay City ... ..	65	277	1,483	1,785	987	160	112	140	75	47	25	25	5,185	...
Madras City ... ..	...	...	1	...	...	...	...	...	2	...	...	...	3	...

Suspected plague deaths—imported.

Table V.—Mortality from Respiratory Diseases.

Provinces, Districts, Towns.	Bengal.	Eastern Bengal and Assam.	United Provinces of Agra and Oudh.	Punjab.	North-West Frontier Province.	Central Provinces and Berar.	Madras Presidency.	Coorg.	Bombay Presidency.	Lower Burma.	Upper Burma.	Ajmer-Merwara.	Registration India.
I.—Mortality by Provinces :—													
A.—Deaths by months—													
January ... ..	1,279	437	1,395	4,153	149	2,709	2,539	7	4,602	389	187	28	17,874
February ... ..	1,339	456	1,409	3,760	133	2,558	2,197	3	4,311	487	140	21	16,814
March ... ..	1,547	506	1,467	4,030	121	2,601	2,194	8	4,540	474	147	22	17,657
April ... ..	1,239	380	1,450	3,474	135	2,380	1,995	3	4,357	410	149	14	15,986
May ... ..	1,195	410	1,398	3,472	161	2,295	2,162	3	4,034	397	156	20	15,703
June ... ..	1,029	325	1,045	2,908	135	1,819	2,120	...	3,748	461	150	8	13,749
July ... ..	1,055	271	1,116	2,462	168	2,167	2,419	4	4,444	492	210	6	14,764
August ... ..	1,146	317	1,217	2,783	131	2,628	2,341	4	5,103	542	218	18	16,448
September ... ..	1,052	320	1,323	3,587	135	2,816	3,479	7	4,808	469	182	15	17,193
October ... ..	1,221	311	1,331	4,323	106	2,910	2,495	6	4,500	469	192	30	17,894
November ... ..	1,469	504	1,426	4,771	114	3,013	2,510	5	4,481	518	199	19	19,029
December ... ..	1,500	484	1,799	4,941	142	3,254	2,848	9	4,505	517	224	29	20,252
Total ... ..	15,071	4,721	16,386	44,664	1,631	31,090	28,299	59	53,433	5,625	2,154	230	203,363
B.—Annual death ratios :—													
Ratio per 1,000 of population, 1909	29	15	34	222	85	260	8	33	289	101	72	48	90
Ratio per 1,000 of population, 1908	30	13	43	322	97	259	8	12	296	94	81	61	101
Difference ... ..	—01	+02	—09	—100	—12	+01	...	+21	—07	+07	—09	—13	—11
Mean ratio per 1,000 during 1904-1908	24	08	44	299	73	184	6	21	311	72	66	75	16
Difference ... ..	+05	+07	—10	—77	+12	+76	+2	+12	—22	+29	+06	—27	+74
II.—District mortality excluding towns :—													
Number of districts affected	31	22	48	29	5	24	22	5	24	18	11	6	245
Highest district ratio	175	229	425	888	123	1057	19	14	861	108	88	159	1057
Name of that district	Puri	Lakhimpur	Hamirpur.	Gurdaspur.	Hazara.	Nimar.	Anantapur.	Mercara Taluk.	Kalra.	Tavoy.	Shwebo.	Dewair.	Nimar.
Lowest district ratio	002	005	01	10	17	16	1	03	02	09	04	06	002
Name of that district	Shahabad	Noakhali	Bahraich	Multan	Kohat	Bhandara, Nil	Vellore	Kieggatnad, Nil	Larkhana, 1	Prome.	Kyaukse	Pisangan	Shahabad, 13
Number of districts without mortality	1	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	11	13
District death rate per 1,000 of population.	16	15	19	194	55	245	7	68	209	42	28	06	68
III.—Town mortality :—													
Number of towns affected	104	35	86	134	12	103	183	1	63	34	16	3	774
Highest town ratio	737	187	1381	1856	861	1929	85	668	1600	1088	1357	360	1929
Name of that town	Maniktala	Dhubri	Benares	Dalhousie	Haripur	Khurai.	Kamudl.	Mercara.	Ahmedabad.	Yandoon.	Myingyan	Nasirabad.	Khurai.
Lowest town ratio	04	10	06	19	23	06	03	...	00	07	41	144	00
Name of that town	Hajipur	Silchar	Mubarakpur.	Khaogah Dogran.	Tank (not ified area).	Umrer	M. T. C. Nellore.	...	Ahmedabad Cantt.	Thaton	Pakokku	Ajmer	Ahmedabad Cartt.
Number of towns without mortality	25	19	19	Nil	Nil	3	49	4	2	5	1	3	130
Town death rate per 1,000 of population.	226	45	239	483	378	389	14	295	751	510	427	162	331



*Statement No. I.—Total Primary vaccinations and Revaccinations, successful cases among children, cost of the Special Vaccination Department, etc., during the official year 1909-10.*

Province.	Number of operations performed by the Special and Dispensary Staffs combined.		Percentage of successful cases to total operations.*		Number of children successfully vaccinated by the Special and Dispensary Staffs combined.		Average number of persons vaccinated by each vaccinator of the Special Staff.	Total cost of the Special Department.	Average cost of each successful case vaccinated by the Special Department.
	Primary.	Revaccination.	Primary.	Revaccination.	Under one year.	1 to 6 years.			
								Rs.	Rs. A. P.
Bengal ... ..	1,868,585	185,188	98·97	63·26	934,181	810,879	1,083	2,13,696	0 1 9
Eastern Bengal and Assam ...	1,301,574	163,027	96·21	75·61	358,126	703,038	1,234	1,13,999	0 1 4
United Provinces of Agra and Oudh	1,279,472	111,489	97·56	82·54	776,878	400,039	1,505	1,71,345	0 2 1
Punjab ... ..	528,347	142,189	97·58	74·32	402,566	88,706	2,504	1,20,509	0 3 3
North-West Frontier Province ...	94,701	7,866	98·67	82·76	57,106	20,370	2,831†	14,744	0 2 5
Central Provinces and Berar ...	535,697	73,909	99·15	77·67	416,269	99,231	1,789	67,819	0 1 11
Madras ... ..	1,447,328	204,700	92·08	77·58	609,178	526,243	1,977‡	3,27,774	0 3 8
Coorg ... ..	9,121	2,850	92·67	74·93	706	4,131	1,303	2,813	0 4 5
Bombay ... ..	665,917	48,961	98·96	70·86	489,008	111,397	1,630	347,974	0 8 10
Burma ... ..	353,616	51,089	95·26	62·81	86,639	168,258	1,475	1,80,784	0 8 5
Ajmer-Merwara ... ..	11,875	85	97·12	87·06	9,111	2,297	797	3,033	0 4 2
Total ... ..	8,096,233	994,353	94·62	66·58	4,139,768	2,934,589	1,477	15,64,490	0 3 0

\* Excluding those the results of which were not known.

† Including vaccinations performed in cantonments and Political Agencies.

‡ Excludes average of work done by medical subordinates.

*Statement No. II.—Vaccination operations performed by the Special and Dispensary Establishments separately, deaths from small-pox, etc., during the official year 1909-10.*

Province.	Population.	NUMBER OF OPERATIONS PERFORMED (PRIMARY AND REVACCINATIONS COMBINED).			Ratio of successful vaccinations per 1,000 of population.	Percentage of annual estimated births at 40 per 1,000 of population successfully vaccinated.	DEATHS FROM SMALL-POX.*	
		By Special Department.	By Dispensary Staff.	Total.			Number.	Ratio per 1,000 of population.
Bengal ... ..	48,492,815	1,923,802	129,971	2,053,773	40·30	48·16	38,609	·76
Eastern Bengal and Assam ...	30,961,459	1,461,288	3,313	1,464,601	43·86	28·92	23,604	·79
United Provinces of Agra and Oudh	47,960,667	1,390,708	253	1,390,961	27·45	40·50	5,907	·12
Punjab ... ..	20,296,870	669,610	926	670,536	29·00	49·58	3,352	·17
North-West Frontier Province	2,030,620	101,901	666	102,567	47·36	70·31	611	·32
Central Provinces and Berar ...	13,601,341	603,008	6,598	609,606	42·27	76·51	4,155	·35
Madras ... ..	38,227,818†	1,652,007	21	1,652,028	37·42	39·84	18,862	·5
Coorg ... ..	180,607	11,772	199	11,971	56·77	9·77	6	·03
Bombay ... ..	21,438,769	712,608	2,270	714,878	29·42	57·02	5,019	·27
Burma ... ..	10,477,508	395,444	12,261	407,705	33·50	20·68	1,011	·12
Ajmer-Merwara ... ..	476,912	11,960	...	11,960	24·34	47·76	16	·03
Total ... ..	234,145,386	8,934,108	1,56,478	9,090,586	35·55	44·20	101,152	·45

\* For the Calendar year.

† Excludes the population of the cantonments of Bangalore and Secunderabad.



Statement No. III.—Vaccination in the European and Native Armies of India during 1909.  
Effective strength.

Armies.					EUROPEAN TROOPS.								NATIVE TROOPS.							
					OFFICERS.				WARRANT AND NON-COMMISSIONED OFFICERS AND MEN.				EUROPEAN OFFICERS.				NATIVE COMMISSIONED, NON-COMMISSIONED OFFICERS AND MEN.			
					Number.		Percentage of successful cases to total operations.		Number.		Percentage of successful cases to total operations.		Number.		Percentage of successful cases to total operations.		Number.		Percentage of successful cases to total operations.	
Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.			
Northern	...	...	...	...	...	131	...	57	...	7,191	...	46	...	156	...	46	4,778	24,173	73	50
Southern	...	...	...	...	...	96	...	52	...	5,582	...	38	...	130	...	32	2,981	19,513	73	45
Extra India not in the Indian Command	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	217	...	88	
India	...	...	...	...	...	227	...	55	...	12,773	...	43	...	285	...	40	7,759	43,903	73	48

Non-effective strength.—Families.  
A.—European Troops.

Armies.					OFFICERS' WIVES.				OFFICERS' CHILDREN.				SOLDIERS' WIVES.				SOLDIERS' CHILDREN.			
					Number.		Percentage of successful cases to total operations.		Number.		Percentage of successful cases to total operations.		Number.		Percentage of successful cases to total operations.		Number.		Percentage of successful cases to total operations.	
					Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.
Northern	...	...	...	...	...	10	...	60	17	9	82	56	3	430	100	75	928	279	77	69
Southern	...	...	...	...	...	30	...	60	6	10	83	70	9	338	...	69	579	292	71	66
India	...	...	...	...	...	40	...	60	23	19	83	63	12	768	25	72	1,507	571	75	67

B.—Native Troops.

Armies.					EUROPEAN OFFICERS' WIVES.				EUROPEAN OFFICERS' CHILDREN.				NATIVE SOLDIERS' WIVES.				NATIVE SOLDIERS' CHILDREN.			
					Number.		Percentage of successful cases to total operations.		Number.		Percentage of successful cases to total operations.		Number.		Percentage of successful cases to total operations.		Number.		Percentage of successful cases to total operations.	
					Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.	Primary.	Revaccination.
Northern	...	...	...	...	2	33	100	61	24	18	96	39	652	468	90	60	2,946	509	90	67
Southern	...	...	...	...	2	45	100	36	17	2	100	50	165	1,055	61	56	3,831	635	86	38
Extra India not in the Indian Command	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
India	...	...	...	...	4	78	100	46	41	20	98	40	817	1,523	84	57	6,777	1,144	88	51



ANNUAL RETURNS  
OF THE  
EUROPEAN ARMY OF INDIA  
OF THE  
NATIVE ARMY AND OF THE JAIL  
POPULATION

FOR THE YEAR

1909.

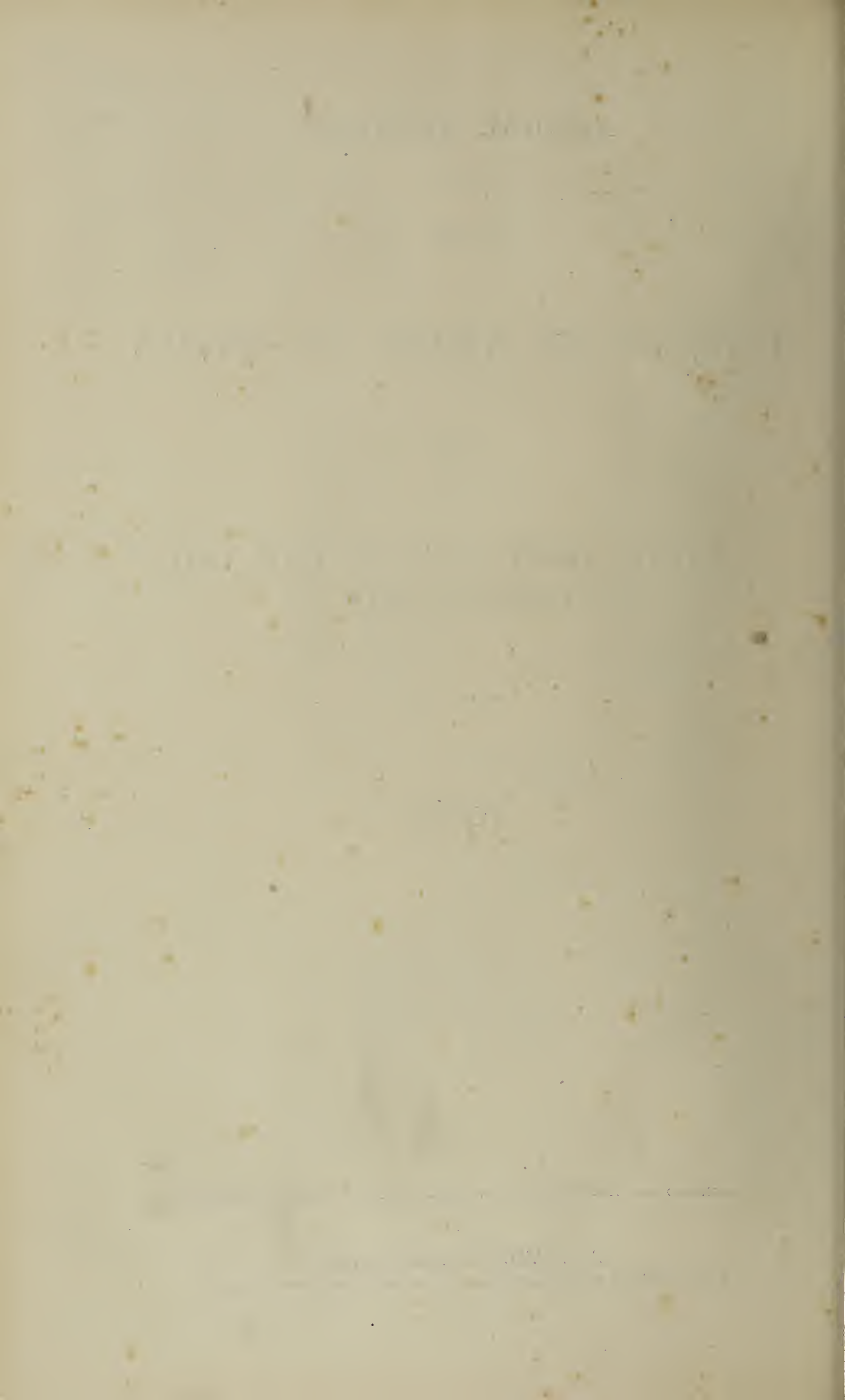
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COMPILED AND SYSTEMATICALLY ARRANGED FROM THE ORIGINAL DOCUMENTS

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\* Omitted for the present by order of Government.

† Under the orders of the War Office these tables are no longer compiled for India.

<sup>a</sup>. These tables have been omitted this year as there was no cholera among women and children.

III.—PRISONERS, 1909.

(European, Eurasian, native ; male, female ; adult, juvenile.)

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IV.—TROOPS AND PRISONERS, 1909

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NOTE.—In the tables for European troops, Native troops, and for prisoners, the months mentioned are calendar months.



TABLE G.

*Grouping of Diseases in the Main Tables for 1909.\**

HEAD OF DISEASE.	Includes or includes also
CHOLERA . . . . .	Sunstroke.
HEAT-STROKE . . . . .	Delirium tremens. Alcoholic Poisoning.
ALCOHOLISM . . . . .	Tubercular Phthisis, and Hæmoptysis due to tubercle.
TUBERCLE OF THE LUNGS . . . . .	Includes Hæmoptysis and Cirrhosis of the lung not due to tubercle.
RESPIRATORY DISEASES . . . . .	Old age (Tables for men and women). Premature birth (Tables for children).
ANÆMIA AND DEBILITY . . . . .	
DIARRHŒA . . . . .	Congestion of liver, Hepatitis, Perihepatitis ; but excludes Cirrhosis of liver.
HEPATIC CONGESTION AND INFLAMMATION.	Syphilis, Gonorrhœa, and Soft Chancre.
VENEREAL DISEASES . . . . .	The entozoa numbered from 1 to 84, 95 to 113: also Nos. 152 and 153.
OTHER ENTOZOA GUINEA } WORM. }	Nomenclature of 1906, Nos. 17 and 954, and 967.
PHAGEDÆNA, SLOUGH, AND GANGRENE.	Nomenclature of 1906, Nos. 953 and 965.
ABSCESS, ULCER, AND BOIL . . . . .	Nos. 506 and 827 to 838.
ABORTION AND AFFECTIONS CONNECTED WITH PREGNANCY	
AFFECTIONS CONNECTED WITH AND CONSEQUENT ON PARTURITION.	Nos. 839 to 870 and all other diseases stated as puerperal by medical officers.
ALL OTHER DISEASES PECULIAR TO WOMEN.	Nos. 765 to 826 and 871 to 882.

\* For details of individual diseases, see Table LIII.





**I.--EUROPEAN TROOPS, 1909.**  
**A.--MEN.**

**TABLE D.**  
*STATIONS by ARMIES.*

(a) STATIONS.	Height above sea level in feet.*	Authority for height.†	(a) STATIONS.	Height above sea level in feet.*	Authority for height.†	(a) STATIONS.	Height above sea level in feet.*	Authority for height.†
<b>NORTHERN ARMY:—</b>			<b>NORTHERN ARMY:—contd.</b>			<b>SOUTHERN ARMY:—contd.</b>		
Ambala . . . . .	902	S. G.	Landour Convalescent Depôt.	7,362	S. G.	Colaba (Bombay) and Khandalla Sanitarium.	{ 20 2,000	S. G. M. O.
Agra and Fatehgarh . . .	{ 554 444	I. B.	Lebong . . . . .	6,000	I. B.	Deolali Depôt . . . . .	1,829	S. G.
Allahabad and Fort . . .	298	S. G.	Lucknow and Military Prison	400	S. G.	Fort Dufferin (Mandalay) .	249	"
Amritsar . . . . .	756	"	Meerut . . . . .	739	"	Hyderabad (Sind) . . . . .	134	I. B.
Bareilly . . . . .	560	"	Multan . . . . .	402	"	Jhansi . . . . .	860	S. G.
Barian Camp and Khairagali	{ 7,133 7,678	I. B. S. G.	Murree Convalescent Depôt and Upper and Lower Topas.	{ 7,250 7,000 7,320	" M. O. I. B.	Jubbulpore . . . . .	1,306	"
Barrackpore . . . . .	24	"	Muttra . . . . .	576	"	Karachi . . . . .	28	"
Benares . . . . .	256	"	Naini Tal Convalescent Depôt.	6,400	S. G.	Kampt and Sitabaldi . . . . .	{ 930 2,236	" "
Campbellpore and Attock .	{ 1,200 1,192	M. O. S. G.	Nowshera . . . . .	1,100	M. O.	Kirkee . . . . .	1,837	"
Cawnpore . . . . .	417	"	Peshawar . . . . .	1,165	S. G.	Madras and Poonamalee Depôt	{ 15 50	S. G. M. O.
Chakrata . . . . .	6,885	"	Ranikhet and Chaubuttia .	{ 5,983 6,942	" "	Maymyo . . . . .	3,508	S. G.
Cherat . . . . .	4,546	"	Rawalpindi . . . . .	1,707	"	Meiktila . . . . .	860	"
Dagshai . . . . .	5,982	"	Rurki . . . . .	884	"	Mhow and Indore . . . . .	{ 1,903 1,806	" "
Dalhousie Convalescent Depôt.	6,732	"	Sialkot . . . . .	829	"	Mount Abu Sanitarium	3,960	"
Darjeeling ditto . . . . .	7,168	"	Sitapur . . . . .	449	"	Nasirabad and Taragarh . . . . .	{ 1,461 2,855	" "
Delhi . . . . .	715	"	Shahjehanpur . . . . .	507	"	Neemuch . . . . .	1,613	"
Dinapore . . . . .	171	"	Solon . . . . .	5,166	"	Nowgong . . . . .	770	I. B.
Dum-Dum . . . . .	...	...	Subathu . . . . .	4,124	"	Pachmarhi Sanitarium .	3,481	S. G.
Ferozepore . . . . .	645	S. G.				Poona . . . . .	1,909	"
Fort William . . . . .	{ 17 ...	" ...	<b>SOUTHERN ARMY:—</b>			Purandhar Sanitarium .	4,560	"
Fulta and Chingrikhal . .	...	...	Aden . . . . .	26	S. G.	Quetta . . . . .	5,511	"
Fyzabad . . . . .	336	"	Ahmednagar . . . . .	2,125	"	Rangoon and Port Blair .	{ 14 85	" "
Gharial . . . . .	6,811	"	Bangalore . . . . .	3,021	"	Secunderabad . . . . .	1,732	"
Jullundur . . . . .	900	"	Belgaum . . . . .	2,473	"	Shwebo . . . . .	600	M. O.
Jutogh . . . . .	6,371	"	Bellary and Ramandroog . . . . .	{ 1,483 3,150	" "	St. Thomas' Mount . . .	250	S. G.
Kalabagh and Baragali . .	{ 7,936 7,800	I. B. M. O.	Bhamo . . . . .	351	"	Thayetmyo . . . . .	145	"
Kasauli Convalescent Depôt	6,320	S. G.	Cannanore, Calicut and Malapuram.	{ 47 27 500	" M. D. M. O.	Wellington Convalescent Depôt.	6,160	"
Khanspur and Ghora Dhaka . . . . .	{ 7,500 ...	M. O. "						
Kuldanna . . . . .	7,049	S. G.						
Lahore Cantonment and Fort.	706	"						

\* These heights are usually those of the survey-marks or of the mercury-surface in barometer-cisterns of meteorological observatories.  
† S. G. = Surveyor-General of India; I. B. = Intelligence Branch of the Division of the Chief of the Staff; M. D. = Meteorological Department;  
M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports.  
(a) Stations with a height of 3,000 feet and over above the sea level are Official Hill Stations and Hill Sanitarium and Convalescent Depôts.



EUROPEAN TROOPS, 1909.

TABLE I.

RATIOS OF ARMIES.

The ratios of admissions and deaths to strength are taken from Table III. The actuals will be found in Table IV.

RATIOS PER 1,000 OF THE AVERAGE STRENGTH.			
	Northern Army.	Southern Army.	India.*
I.—STRENGTH . . . . .	37,995	31,426	71,556
II —† CONSTANTLY SICK RATE OF EACH MONTH—			
January . . . . .	46·4	43·0	43·2
February . . . . .	42·3	40·0	39·8
March . . . . .	37·5	35·1	35·8
April . . . . .	40·0	37·6	38·3
May . . . . .	41·3	41·5	41·3
June . . . . .	39·2	41·9	40·3
July . . . . .	39·4	42·2	40·7
August . . . . .	44·9	43·7	44·3
September . . . . .	45·9	42·4	43·8
October . . . . .	45·5	38·8	41·5
November . . . . .	52·8	36·2	39·4
December . . . . .	40·0	34·8	34·8
OF THE YEAR . . . . .	42·8	39·7	40·3
III.—ADMISSION RATE OF THE YEAR—			
Influenza . . . . .	16·2	1·2	9·2
Cholera . . . . .	·1	·3	·2
Small-pox . . . . .	·2	·4	·3
Enteric Fever . . . . .	10·9	6·8	8·9
Malaria . . . . .	237·2	165·8	202·8
Pyrexia of uncertain origin . . . . .	78·7	41·3	61·3
Tubercle of the lungs . . . . .	1·1	1·2	1·1
Pneumonia . . . . .	3·1	2·6	2·9
Respiratory Diseases . . . . .	13·4	12·3	12·8
Dysentery . . . . .	10·1	11·6	11·2
Diarrhœa . . . . .	12·5	12·5	12·5
Hepatic Abscess . . . . .	1·5	1·4	1·4
„ Congestion and Inflammation . . . . .	7·7	6·9	7·2
Venereal Diseases . . . . .	62·2	76·3	67·8
ALL CAUSES . . . . .	775·0	661·0	716·9
IV.—DEATH RATE OF THE YEAR—			
Cholera . . . . .	...	·22	·10
Small-pox . . . . .	·03	...	·01
Enteric Fever . . . . .	2·11	1·05	1·58
Malaria . . . . .	·39	·35	·36
Pyrexia of uncertain origin . . . . .	·03	...	·01
Heat-stroke . . . . .	·29	·13	·21
Circulatory Diseases . . . . .	·47	·35	·42
Tubercle of the lungs . . . . .	·16	·10	·13
Pneumonia . . . . .	·32	·32	·31
Respiratory Diseases . . . . .	·11	·10	·10
Dysentery . . . . .	·34	·16	·25
Diarrhœa . . . . .	·03	...	·01
Hepatic Abscess . . . . .	·61	·35	·48
ALL CAUSES . . . . .	6·97	5·66	6·25
V.—PERCENTAGE IN 100 ADMISSIONS—			
Influenza . . . . .	2·10	·18	1·28
Cholera . . . . .	·01	·05	·02
Small-pox . . . . .	·02	·06	·04
Enteric Fever . . . . .	1·41	1·03	1·25
Malaria . . . . .	30·61	25·08	28·29
Pyrexia of uncertain origin . . . . .	10·15	6·25	8·55
Tubercle of the lungs . . . . .	·14	·19	·16
Pneumonia . . . . .	·40	·39	·41
Respiratory Diseases . . . . .	1·73	1·87	1·78
Dysentery . . . . .	1·30	1·76	1·56
Diarrhœa . . . . .	1·61	1·89	1·75
Hepatic Abscess . . . . .	·19	·21	·19
„ Congestion and Inflammation . . . . .	1·00	1·04	1·01
Venereal Diseases . . . . .	8·03	11·55	9·46
VI.—PERCENTAGE IN 100 DEATHS—			
Cholera . . . . .	...	3·9	1·6
Small-pox . . . . .	·4	...	·2
Enteric Fever . . . . .	30·2	18·5	25·3
Malaria . . . . .	5·7	6·2	5·8
Pyrexia of uncertain origin . . . . .	·4	...	·2
Heat-stroke . . . . .	4·2	2·2	3·4
Circulatory Diseases . . . . .	6·8	6·2	6·7
Tubercle of the lungs . . . . .	2·3	1·7	2·0
Pneumonia . . . . .	4·5	5·6	4·9
Respiratory Diseases . . . . .	1·5	1·7	1·6
Dysentery . . . . .	4·9	2·8	4·0
Diarrhœa . . . . .	·4	...	·2
Hepatic Abscess . . . . .	8·7	6·2	7·6

\* Including troops on the line of march.  
† Worked on the aggregates.  
For complete detail of diseases, see Table LIII.

## EUROPEAN TROOPS, 1909.

TABLE II.

## RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table III.

The actuals will be found in Table IV.

RATIOS PER 1,000 OF THE AVERAGE STRENGTH.													
	I	II	IV	V	VI	VII	VIII	IX	X	XI	XIIa	XIIb	India.*
	Burma Coast and Bay Islands.	Burma Inland.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalaya.	N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	S.-E. Rajputana, Central India, and Gujarat.	Deccan.	Western Coast.	South-ern India.	Hill Stations.	Conva-lescent Depôts, and Sanita-ria.	
I.—STRENGTH . . . . .	1,311	1,863	1,856	6,167	13,585	5,027	5,950	10,149	1,402	3,612	12,586	4,186	71,556
II.—†CONSTANTLY SICK-RATE OF EACH MONTH—													
January . . . . .	42'4	41'4	44'1	41'1	41'0	65'1	56'5	32'5	52'3	49'0	30'1	103'5	43'2
February . . . . .	54'3	37'0	42'4	34'5	37'6	56'8	46'4	31'0	35'0	50'7	29'5	95'6	39'8
March . . . . .	63'8	32'3	45'5	34'1	37'8	32'8	39'9	25'9	38'8	49'6	30'6	59'6	35'8
April . . . . .	67'3	25'5	46'2	47'0	45'2	39'0	36'5	27'4	52'1	48'5	26'4	53'1	38'3
May . . . . .	69'3	31'0	38'9	45'6	49'1	46'7	37'8	30'6	51'2	47'5	28'0	68'7	41'2
June . . . . .	64'3	40'4	35'7	42'1	45'3	45'0	35'5	29'0	58'3	45'5	29'6	66'9	40'3
July . . . . .	66'1	41'7	35'8	40'4	42'7	47'2	37'7	29'7	58'7	47'6	30'1	69'4	40'7
August . . . . .	41'4	38'2	41'9	42'1	54'9	47'2	49'5	31'7	60'6	52'2	33'1	69'9	44'3
September . . . . .	29'5	33'7	42'3	49'4	54'6	53'5	48'8	28'9	61'4	51'8	32'2	70'5	43'8
October . . . . .	31'8	33'8	36'3	46'6	57'3	49'3	52'6	24'8	67'3	48'7	30'6	62'0	41'5
November . . . . .	42'7	31'2	39'1	50'1	60'4	46'1	50'1	24'0	59'4	44'8	34'8	68'3	39'4
December . . . . .	40'6	30'4	30'3	38'3	39'5	35'7	40'0	25'2	52'6	46'4	36'8	74'4	34'8
OF THE YEAR . . . . .	51'3	34'6	40'0	42'6	45'4	46'3	44'2	28'4	53'6	48'5	30'7	68'5	40'3
III.—ADMISSION RATE OF THE YEAR—													
Influenza . . . . .	...	'5	...	1'6	11'1	83'3	'8	1'5	5'0	'8	3'2	'5	9'2
Cholera . . . . .	...	...	...	'2	'1	...	...	1'0	...	...	...	...	'2
Small-pox . . . . .	...	...	2'2	...	'1	...	'8	'5	...	'6	...	'2	'3
Enteric Fever . . . . .	1'5	'5	8'6	15'6	13'2	10'7	5'4	12'5	'7	7'2	4'4	8'6	8'9
Malaria . . . . .	133'5	124'2	79'7	134'6	312'8	367'4	398'3	105'8	217'5	39'9	105'4	197'3	202'8
Pyrexia of uncertain origin . . . . .	254'8	107'1	105'6	140'7	76'0	107'2	29'2	18'1	29'2	29'1	27'3	27'5	61'3
Rheumatic Fever . . . . .	2'3	2'1	3'2	5'0	5'0	5'4	5'2	3'0	6'4	8'0	11'0	6'9	5'9
Tubercle of the lungs . . . . .	'8	2'7	...	'6	1'5	2'2	1'7	'3	4'3	'8	'5	1'7	1'1
Pneumonia . . . . .	2'3	1'1	2'7	2'8	4'1	3'6	1'8	2'7	2'1	3'6	2'1	3'8	2'9
Respiratory Diseases . . . . .	12'2	10'7	13'5	14'4	14'4	13'3	12'4	9'6	17'1	14'1	10'2	22'2	12'8
Dysentery . . . . .	19'8	8'6	16'2	14'1	11'0	6'2	9'7	11'9	12'8	22'1	4'9	11'9	11'2
Diarrhœa . . . . .	9'9	13'4	23'2	10'4	13'2	13'3	14'6	9'1	5'0	16'6	9'8	14'3	12'5
Hepatic { Abscess . . . . .	1'5	3'2	1'6	1'8	1'3	1'0	'8	1'4	2'1	1'4	'8	3'6	1'4
{ Congestion and Inflammation . . . . .	3'8	8'6	7'0	8'3	5'9	7'8	11'4	7'9	5'7	6'1	5'9	10'8	7'2
Venereal Diseases . . . . .	147'2	96'9	100'8	81'7	62'6	56'5	69'2	63'3	120'5	97'5	52'0	50'7	67'8
ALL CAUSES . . . . .	881'0	756'4	643'3	739'6	869'2	991'0	906'7	488'6	726'8	675'8	512'9	785'5	716'9
IV.—DEATH RATE OF THE YEAR—													
Cholera . . . . .	...	'54	...	...	...	...	...	'59	...	...	...	...	'10
Small-pox . . . . .	...	...	'54	...	...	...	...	...	...	...	...	...	'01
Enteric Fever . . . . .	...	...	1'62	3'41	2'06	2'78	1'34	2'17	'71	'83	'79	'72	1'58
Malaria . . . . .	'76	1'07	'32	'32	'52	'80	'34	...	1'43	...	'24	'24	'36
Pyrexia of uncertain origin . . . . .	...	...	...	...	...	'20	...	...	...	...	...	...	'01
Heat-stroke . . . . .	'76	...	...	'16	'22	'99	'34	...	...	'28	...	...	'21
Circulatory Diseases . . . . .	...	'54	'16	'37	'99	'34	'49	1'43	'28	'56	...	...	'42
Tubercle of the lungs . . . . .	...	'54	'16	'15	'59	'20	...	'71	'28	'24	'16	'48	'13
Pneumonia . . . . .	...	'54	'16	'59	'20	'34	...	'39	'71	'28	'08	'48	'31
Respiratory Diseases . . . . .	...	...	'16	'52	'20	'17	...	'10	...	...	'32	'72	'25
Dysentery . . . . .	...	...	'65	'59	'60	'67	...	'20	...	...	'24	'72	'48
Diarrhœa . . . . .	'76	'54	'65	'59	'60	'67	...	'20	...	...	'24	'72	'48
Hepatic Abscess . . . . .	'76	'54	'65	'59	'60	'67	...	'20	...	...	'24	'72	'48
ALL CAUSES . . . . .	6'10	6'42	7'00	7'13	6'92	10'34	5'88	5'12	7'85	6'09	4'37	7'64	6'25
V.—PERCENTAGE IN 100 ADMISSIONS—													
Influenza . . . . .	...	'07	...	'22	1'28	8'41	'09	'30	'69	'12	'62	'06	1'28
Cholera . . . . .	...	...	...	'02	'01	...	...	'20	...	...	...	...	'02
Small-pox . . . . .	...	...	'34	...	'02	...	'09	'10	...	'08	...	'03	'04
Enteric Fever . . . . .	'17	'07	1'34	2'10	1'52	1'08	'59	2'56	'10	1'07	'85	1'09	1'25
Malaria . . . . .	15'15	16'42	12'40	18'20	35'98	37'07	43'98	21'66	29'93	5'90	20'56	25'12	28'29
Pyrexia of uncertain origin . . . . .	28'92	14'15	16'42	19'03	8'75	10'82	3'23	3'71	4'02	4'30	5'31	3'50	8'55
Rheumatic Fever . . . . .	'26	'26	'50	'63	'59	'54	'58	60	'88	1'19	2'15	'88	'82
Tubercle of the lungs . . . . .	'09	'35	...	'09	'17	'22	'19	'06	'59	'12	'09	'21	'16
Pneumonia . . . . .	'26	'14	'42	'39	'48	'36	'20	'54	'29	'53	'42	'49	'41
Respiratory Diseases . . . . .	1'39	1'42	2'09	1'95	1'65	1'34	1'37	1'96	2'36	2'09	2'00	2'83	1'78
Dysentery . . . . .	2'25	1'13	2'51	1'91	1'26	'62	1'08	2'44	1'77	3'28	'96	1'52	1'56
Diarrhœa . . . . .	1'13	1'77	3'60	1'40	1'52	1'34	1'61	1'86	'69	2'46	1'91	1'82	1'75
Hepatic { Abscess . . . . .	'17	'42	'25	'24	'15	'10	'09	'28	'29	'20	'15	'46	'19
{ Congestion and Inflammation . . . . .	'43	1'13	1'09	1'12	'68	'78	1'26	1'61	'79	'90	1'15	1'37	1'01
Venereal Diseases . . . . .	16'71	12'82	15'66	11'05	7'20	5'70	7'65	12'95	16'58	14'42	10'13	7'73	9'46
VI.—PERCENTAGE IN 100 DEATHS—													
Cholera . . . . .	...	8'3	...	...	...	...	...	11'5	...	...	...	...	1'6
Small-pox . . . . .	...	...	7'7	...	...	...	...	...	...	...	...	...	'2
Enteric Fever . . . . .	...	...	23'1	47'7	29'8	26'9	22'9	42'3	9'1	13'6	18'2	9'4	25'3
Malaria . . . . .	12'5	16'7	...	4'5	7'4	7'7	5'7	...	18'2	...	5'5	3'1	5'8
Pyrexia of uncertain origin . . . . .	...	...	...	...	...	1'9	...	...	...	...	...	...	'2
Heat-stroke . . . . .	12'5	...	...	2'3	3'2	9'6	5'7	...	...	4'5	...	...	3'4
Circulatory Diseases . . . . .	...	...	7'7	2'3	5'3	9'6	5'7	9'6	18'2	4'5	12'7	...	6'7
Tubercle of the lungs . . . . .	...	8'3	...	...	2'1	...	...	...	9'1	4'5	5'5	3'1	2'0
Pneumonia . . . . .	...	8'3	7'7	2'3	8'5	1'9	...	7'7	9'1	4'5	3'6	6'2	4'9
Respiratory Diseases . . . . .	...	...	...	...	1'1	1'9	5'7	...	...	...	1'8	6'2	1'6
Dysentery . . . . .	...	...	...	2'3	7'4	...	2'9	1'9	...	...	7'3	9'4	4'0
Diarrhœa . . . . .	...	...	...	...	...	...	...	...	...	...	1'8	...	'2
Hepatic Abscess . . . . .	12'5	8'3	23'1	9'1	8'5	5'8	11'4	3'8	...	...	5'5	9'4	7'6

\* Including troops on the line of march.

For complete detail of diseases, see Table LIII.

† Worked on the aggregates.



EUROPEAN TROOPS, 1909.

TABLE III.

RATIOS of STATIONS, GROUPS, and ARMIES.

For actuals see Table IV.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.														2. DEATH RATE.							
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhœa.
Rangoon and Port Blair	1,311 {	...	...	...	1'5	133'5	254'8	2'3	'8	6'1	'8	2'3	12'2	19'8	9'9	1'5	3'8	147'2	881'0	51'3	34'3	45'8	67'1
		...	...	...	...	76	...	...	76	...	...	...	...	...	...	76	...	...	6'10	...	...	...	...
GROUP I.— BURMA COAST AND BAY ISLANDS.	* 1,311 {	...	...	...	1'5	133'5	254'8	2'3	'8	6'1	'8	2'3	12'2	19'8	9'9	1'5	3'8	147'2	881'0	51'3	34'3	45'8	67'1
		...	...	...	...	76	...	...	76	...	...	...	...	...	...	76	...	...	† 6'10	...	...	...	...
Thayetmyo	409 {	...	2'44	...	...	73'3	183'4	...	...	2'4	4'9	...	14'7	2'4	4'9	7'3	12'2	85'6	1,066'0	43'9	29'3	19'6	36'7
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7'33	...	...	...	...
Meiktila	275 {	...	...	...	...	7'3	50'9	...	...	10'9	...	...	7'3	18'2	7'3	...	...	107'3	560'0	37'4	72'7	72'7	61'8
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3'64	...	...	...	...
Fort Dufferin (Mandalay).	288 {	...	...	...	3'5	295'1	27'8	...	...	13'9	6'9	3'5	3'5	17'4	6'9	6'9	20'8	107'6	722'2	37'5	38'2	...	69'4
		...	...	...	...	...	...	...	...	3'47	3'47	...	...	...	...	...	...	...	10'42	...	...	...	...
Shwebo	704 {	...	...	...	...	86'7	83'8	4'3	...	8'5	...	1'4	8'5	7'1	22'7	1'4	7'1	61'1	601'0	26'0	21'3	5'7	34'1
		...	...	...	...	1'42	...	...	...	...	...	...	...	...	...	1'42	...	...	5'68	...	...	...	...
Bhamo	192 {	5'2	...	...	...	281'2	229'2	5'2	...	10'4	5'2	...	26'0	...	15'6	...	...	78'1	1,000'0	38'4	...	31'2	46'9
		...	...	...	...	5'21	...	...	...	...	...	...	...	...	...	...	...	...	5'21	...	...	...	...
GROUP II.— BURMA INLAND.	* 1,868 {	'5	...	...	'5	124'2	107'1	2'1	...	8'6	2'7	1'1	10'7	8'6	13'4	3'2	8'6	96'9	756'4	† 34'6	31'0	20'3	45'5
		...	'54	...	...	1'07	...	...	...	...	'54	'54	...	...	...	'54	...	...	6'42	...	...	...	...
Forts William, Fulta and Chingri Khal.	1,209 {	...	...	3'3	5'8	65'3	104'2	3'3	...	13'2	...	1'7	10'8	14'9	11'6	'8	1'7	131'5	636'9	43'8	39'7	18'2	73'6
		...	...	83	...	...	...	...	...	83	...	...	...	...	...	83	...	...	4'96	...	...	...	...
Dum-Dum	342 {	...	...	...	17'5	52'6	117'0	5'8	...	2'9	...	2'9	26'3	11'7	64'3	5'8	23'4	49'7	602'3	37'1	2'9	23'4	23'4
		...	...	...	5'85	...	...	...	...	...	...	2'92	...	...	...	5'85	...	...	17'54	...	...	...	...
Barrackpore	304 {	...	...	...	9'9	167'8	98'7	...	...	9'9	...	6'6	9'9	26'3	23'0	...	9'9	36'2	717'1	27'9	3'3	23'0	9'9
		...	...	...	3'29	...	...	...	...	...	...	...	...	...	...	...	...	...	3'29	...	...	...	...
GROUP IV.— BENGAL AND ORISSA.	* 1,856 {	...	...	2'2	8'6	79'7	105'5	3'2	...	10'8	...	2'7	13'5	16'2	23'2	1'6	7'0	100'8	643'3	† 40'0	26'9	19'9	53'9
		...	...	'54	1'62	...	...	...	...	'54	...	'54	...	...	...	1'62	...	...	7'00	...	...	...	...
B																							
Dinapore	540 {	7'4	1'9	...	20'4	153'7	175'9	1'9	...	1'9	...	...	14'8	16'7	9'3	3'7	7'4	40'7	653'7	31'5	7'4	7'4	25'9
		...	...	...	3'70	...	...	...	...	...	...	...	...	...	...	...	...	...	5'56	...	...	...	...
Benares	106 {	...	...	...	28'3	122'6	75'5	...	...	9'4	...	9'4	18'9	18'9	...	...	18'9	75'5	659'8	40'5	37'7	9'4	28'3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad and Fort.	820 {	...	...	...	7'3	172'0	120'7	6'1	3'7	3'7	1'2	3'7	26'8	8'5	8'5	1'2	2'4	75'6	798'8	43'1	18'3	6'1	51'2
		...	...	...	3'66	...	...	...	...	1'22	...	...	...	1'22	...	...	...	...	9'76	...	...	...	...
Fyzabad	805 {	7'5	...	...	13'7	44'7	63'4	17'4	2'5	1'2	...	3'7	11'2	7'5	23'6	2'5	13'7	123'0	562'7	44'9	7'5	11'2	104'3
		...	...	...	6'21	2'48	...	...	1'24	...	...	...	...	...	...	1'24	...	...	11'18	...	...	...	...
Sitapur	520 {	...	...	...	17'3	38'5	103'8	1'9	...	3'8	...	1'9	3'8	1'9	3'8	1'9	9'6	90'4	396'2	30'1	30'8	9'6	50'0
		...	...	...	3'85	...	...	...	...	...	...	...	...	...	...	1'92	...	...	9'62	...	...	...	...
Lucknow	2,419 {	...	...	...	23'2	146'3	191'4	2'5	6'2	2'9	'4	3'7	11'6	25'2	9'1	2'1	7'0	76'9	800'3	44'9	20'7	4'1	52'1
		...	...	...	3'72	...	...	...	...	...	...	'41	...	...	...	'83	...	...	7'03	...	...	...	...
Cawnpore	956 {	...	...	...	...	191'4	102'5	4'2	7'3	23'0	2'1	...	18'8	1'0	9'4	...	10'5	83'7	927'8	48'8	20'9	4'2	58'6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2'09	...	...	...	...
GROUP V.— GANGETIC PLAIN AND CHUTIA NAGPUR.	* 6,167 {	1'6	'2	...	15'6	134'6	140'7	5'0	4'4	6'0	'6	2'8	14'4	14'1	10'4	1'8	8'3	81'7	739'6	† 42'6	18'6	6'2	56'9
		...	...	...	3'41	'32	...	...	'16	'16	...	'16	...	'16	...	'65	...	...	7'1	...	...	...	...

\* Derived from the aggregates.

† Worked on the aggregates.



## EUROPEAN TROOPS, 1909.

TABLE III—continued.

RATIOS of STATIONS, GROUPS, and ARMIES.

For actuals see Table IV.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory cases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhoea.
A																							
Shahjehanpur .	345 {	...	...	...	14'5 2'90	78'3	58'0	2'9	...	5'8	2'9	...	11'6	...	26'1	...	...	63'8	458'0 5'80	25'7	20'3	11'6	31'9
Bareilly .	1,063 {	1'9	...	...	15'1 5'64	151'5	134'5	3'8	...	12'2 1'88	1'9	3'8	15'1	7'5	16'9	9'94	12'2	50'8	788'3 10'35	43'1	19'8	13'2	17'9
Rurki .	334 {	18'0	...	...	6'0 2'09	170'7	77'8	...	...	...	...	...	12'0	12'0	15'0	...	...	24'0	497'0 5'99	30'7	6'0	3'0	15'0
Meerut .	2,152 {	5	...	...	26'0 3'25	602'7	75'3	3'3	5	7'4 46	1'4	4'2 93	7'4	19'5 93	13'0	2'3	2'3	90'1	1,214'2 8'83	56'2	22'3	23'7	44'1
Delhi .	243 {	...	...	...	12'3 4'12	1,144'0	181'1	4'1	...	4'1	...	4'1	24'7	...	57'6	...	16'5	57'6	2,016'5 12'35	78'7	4'1	20'6	32'9
Ambala .	2,286 {	...	...	4	3'1 44	77'4	61'7	5'2	...	14'9	1'7	5'2	17'1	8'7	9'6	9'44	5'2	59'9	563'4 3'50	37'3	13'1	7'9	38'9
B																							
Jullundur .	488 {	...	...	...	22'5 6'15	522'5	20'5	10'2	...	6'1	...	6'1 2'05	30'7	12'3	12'3	...	12'3	43'0	1,125'0 8'20	65'6	6'1	2'0	34'8
Ferozepore .	984 {	...	...	...	1'0 1'02	656'5	132'1	2'0	4'1 1'02	14'2	2'0	3'0 1'02	15'2	8'1	3'0	1'0	4'1	28'5	1,195'1 3'05	53'5	9'1	...	19'3
Amritsar .	163 {	...	6'1	...	18'4	509'2	104'3	6'1	...	6'1	...	...	18'4	12'3	30'7	6'1 6'13	18'4	24'5	1,135'0 6'13	52'5	6'1	...	18'4
Lahore Cantt. and Fort.	1,157 {	3'5	...	...	25'9 1'73	229'0	174'6	3'5	7'8 1'73	7'8	1'7 86	14'7 1'73	25'9 86	19'9 2'59	19'9	2'6 86	5'2	78'7	934'3 12'10	58'0	12'1	26'8	39'8
Sialkot .	1,112 {	86'3	...	...	20'7 2'70	336'3	23'4	5'4	9	10'8 90	1'8 90	1'8 1'80	10'8	4'5	22'5	1'8 90	1'8	47'7	991'9 9'89	40'6	12'6	5'4	29'7
Rawalpindi .	2,898 {	14'1	...	...	7'2 1'04	176'0	35'9	6'6	...	7'6	1'0	1'7	11'0	8'3 69	7'2	1'0 69	6'9	66'6	653'2 4'83	37'7	11'4	15'9	39'3
Campbellpore and Attock.	360 {	2'8	...	2'8	2'8	327'8	19'4	16'7	8'3	8'3 2'78	2'8	...	8'3	19'4	...	...	13'9	86'1	744'4 5'56	33'4	36'1	8'3	41'7
GROUP VI.—UPPER SUB-HIMALAYA.	13,585 {	11'1	1	1	13'2 2'06	312'8	76'0	5'0	1'3 22	9'6 37	1'5 15	4'1 59	14'4 07	11'0 52	13'2	1'3 59	5'9	62'6	869'2 6'92	45'4	14'4	13'2	34'9
A																							
Nowshera .	1,050 {	51'4	...	...	14'3 5'71	99'0	323'8	7'6	2'9 2'86	14'3 3'81	1'9	2'9	15'2	4'8	5'7	...	8'6	37'1	882'9 18'10	40'0	7'6	11'4	18'1
Peshawar .	1,597 {	228'6	...	...	11'3 3'13	547'9	43'8	6'9	1'9	10'6	1'3	6'9	11'9	7'5	21'3	6	2'5	40'7	1,196'0 8'14	55'2	6'9	6'3	27'6
Multan .	839 {	...	...	...	20'3 3'58	548'3	149'0	6'0	3'6 2'38	8'3	2'4	3'6 1'19	2'4	1'2	8'3	3'6 1'19	7'2	33'4	1,132'3 10'73	39'1	14'3	7'2	11'9
C																							
Hyderabad .	443 {	...	...	...	...	399'5	4'5	2'3	9'0	11'3	2'3	...	20'3	11'3	4'5	...	31'6	76'7	927'8 6'77	37'2	6'8	22'6	47'4
Karachi .	1,098 {	...	...	...	3'6	210'4	1'8	1'8	...	7'3 91	3'6	9	19'1 91	7'3	16'4	9	5'5	107'5	714'0 7'29	49'3	6'4	50'1	51'0
GROUP VII.—N.-W. FRONTIER, VALLEY, AND N.-W. RAJ-PUTANA.	5,027 {	83'3	...	...	10'7 2'78	367'4	107'2	5'4	2'6 99	10'3 99	2'2	3'6 20	13'3 20	6'2	13'3	1'0 60	7'8	56'5	991'0 10'34	46'3	8'2	18'5	29'8
B																							
Neemuch .	405 {	...	...	...	4'9 4'94	101'2	...	12'3	...	4'9	...	...	2'5	7'4	9'9	2'5	4'9	86'4	454'3 4'94	30'0	9'9	7'4	69'1
Nasirabad and Taragarh.	977 {	...	...	...	7'2	137'2	52'2	7'2	1'0 2'05	3'1	...	3'1	18'4	5'1	21'5	2'0	3'1	69'6	710'3 5'12	35'5	19'4	18'4	31'7
Muttra .	519 {	...	...	...	3'9 3'85	262'1	44'3	3'9	...	7'7	...	...	15'4	3'9	9'6	...	44'3	46'2	761'1 5'78	31'3	11'6	11'6	23'1
Agra and Fatehgarh.	913 {	...	...	...	5'5 2'19	761'2	65'7	4'4	5'5 2'19	5'5	1'1	1'1	15'3 1'10	11'0	9'9	1'1 2'19	17'5	51'5	1,366'0 12'05	66'8	7'7	9'9	34'0

\* Derived from the aggregates.

† Worked on the aggregates.



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Deases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhœa.
Jhansi . . .	1,067 {	3·7 ...	... ...	... ...	7·5 94	319·6 ...	17·8 ...	1·9 ...	1·9 ...	10·3 ...	1·9 ...	·9 ...	10·3 ...	8·4 ...	9·4 ...	... ...	6·6 ...	82·5 ...	851·0 2·81	39·9	22·5 ...	10·3 ...	49·7 ...
Nowgong . . .	313 {	... ...	... ...	... ...	9·6 ...	281·2 ...	41·5 ...	... ...	... ...	16·0 ...	9·6 ...	9·6 ...	25·6 ...	3·2 ...	9·6 ...	3·2 3·19	12·8 ...	83·1 ...	849·8 6·39	47·7	16·0 ...	6·4 ...	60·7 ...
Mhow and Indore	1,755 {	·6 ...	... ...	2·8 ...	2·8 57	532·8 57	4·6 ...	6·3 ...	... ...	5·7 ...	2·3 ...	1·7 ...	8·0 57	16·0 57	19·9 ...	... 57	7·4 ...	70·7 ...	965·2 5·13	46·3	8·0 ...	16·5 ...	46·2 ...
GROUP VIII.— SOUTH-EAST RAJPUTANA, CENTRAL INDIA AND GUJARAT.	* 5,950 {	·8 ...	... ...	·8 ...	5·4 1·34	398·3 34	29·2 ...	5·2 ...	1·3 34	6·7 34	1·7 ...	1·8 ...	12·4 34	9·7 17	14·6 ...	·8 67	11·4 ...	69·2 ...	905·7 5·88	† 44·2	13·3 ...	13·1 ...	42·9 ...
A																							
Jubbulpore . . .	1,350 {	·7 ...	... ...	... ...	11·9 1·48	316·3 ...	... ...	5·2 ...	2·2 ...	12·6 1·48	... ...	2·2 ...	19·3 ...	12·6 74	3·0 ...	3·0 ...	15·6 ...	68·1 ...	840·7 3·70	38·5	11·9 ...	13·3 ...	43·0 ...
Kampti and Sita- baldi.	974 {	3·1 ...	1·0 ...	... ...	19·5 2·05	171·5 ...	8·2 ...	5·1 ...	1·0 ...	5·1 ...	... 1·03	2·1 ...	4·1 ...	11·3 ...	7·2 ...	1·0 ...	7·2 ...	82·1 ...	635·6 3·08	40·5	18·5 ...	18·5 ...	45·2 ...
Secunderabad . . .	2,980 {	... ...	1·7 1·01	... ...	6·7 2·68	10·1 ...	2·0 ...	3·4 ...	7 ...	4·4 67	3 ...	2·0 ...	7·0 ...	6·4 ...	2·3 ...	2·0 67	10·7 ...	65·8 ...	276·8 6·04	19·7	13·1 ...	21·5 ...	31·2 ...
Belgaum . . .	958 {	... ...	3·1 2·09	... ...	12·5 2·09	19·8 ...	30·3 ...	... ...	... ...	1·0 ...	1·0 ...	3·1 ...	8·4 ...	6·3 ...	11·5 ...	1·0 ...	3·1 ...	64·7 ...	390·4 7·31	22·6	10·4 ...	20·9 ...	33·4 ...
Poona . . .	2,099 {	... ...	... ...	1·9 ...	12·4 1·91	109·1 ...	43·4 ...	2·4 ...	1·0 ...	11·4 48	... ...	2·9 48	5·2 ...	13·3 ...	16·7 ...	... ...	4·8 48	38·1 ...	458·3 4·76	27·0	3·3 ...	7·1 ...	27·6 ...
Kirkee . . .	1,039 {	10·6 ...	... ...	1·0 ...	26·0 2·89	105·9 ...	37·5 ...	1·0 ...	2·9 ...	1·9 ...	1·0 ...	2·9 96	8·7 ...	32·7 ...	8·7 ...	1·9 ...	6·7 ...	82·8 ...	606·4 3·85	35·5	3·8 ...	21·2 ...	57·7 ...
Ahmednagar	750 {	... ...	1·3 1·33	... ...	9·3 1·33	122·7 ...	14·7 ...	2·7 ...	1·3 ...	5·3 ...	... 1·33	5·3 ...	24·0 ...	8·0 ...	25·3 ...	... ...	... ...	61·3 ...	552·0 6·67	30·3	20·0 ...	16·0 ...	25·3 ...
GROUP IX.— DECCAN.	* 10,149 {	1·5 ...	1·0 59	·5 ...	12·5 2·17	105·8 ...	18·1 ...	3·0 ...	1·2 ...	6·5 49	·3 ...	2·7 39	9·6 ...	11·9 10	·1 ...	1·4 20	7·9 10	63·3 ...	488·6 5·12	† 28·4	10·7 ...	16·7 ...	35·9 ...
Colaba and Khan- dalla.	1,055 {	... ...	... ...	... ...	·9 95	288·2 1·90	37·9 ...	6·6 ...	... ...	3·8 1·90	5·7 95	2·3 95	9·5 ...	17·1 ...	3·8 ...	2·8 ...	7·6 ...	128·9 ...	725·1 10·43	59·5	24·6 ...	39·8 ...	64·5 ...
Cannanore, Cali- cut and Mala- puram.	347 {	20·2 ...	... ...	... ...	... ...	2·9 ...	2·9 ...	5·8 ...	... ...	5·8 ...	... ...	... ...	40·3 ...	... ...	8·6 ...	... ...	... ...	95·1 ...	732·0 ...	35·8	40·3 ...	14·4 ...	40·3 ...
GROUP X.— WESTERN COAST.	* 1,402 {	5·0 ...	... ...	... ...	·7 71	217·5 1·43	29·2 ...	6·4 ...	... ...	4·3 1·43	4·3 71	2·1 71	17·1 ...	12·8 ...	5·0 ...	2·1 ...	5·7 ...	120·5 ...	726·8 7·85	† 50·6	28·5 ...	33·5 ...	58·5 ...
A																							
Bellary and Ramandroog.	578 {	... ...	... ...	... ...	3·5 ...	60·6 ...	8·7 ...	3·5 ...	3·5 173	3·5 ...	... ...	... ...	13·8 ...	8·7 ...	... ...	... ...	1·7 ...	141·9 ...	455·0 12·11	31·9	24·2 ...	34·6 ...	83·0 ...
Bangalore . . .	2,204 {	·5 ...	... ...	·9 ...	10·9 1·36	28·1 ...	40·4 ...	10·0 ...	... ...	6·4 ...	·9 ...	5·4 45	13·6 ...	23·6 ...	24·5 ...	2·3 ...	5·9 ...	86·7 ...	674·7 3·18	46·9	23·1 ...	17·2 ...	46·3 ...
B																							
St. Thomas' Mount.	156 {	12·8 ...	... ...	... ...	... ...	6·4 ...	6·4 ...	... ...	6·4 ...	25·6 6·41	6·4 ...	6·4 ...	6·4 ...	57·7 ...	12·8 ...	... ...	... ...	102·6 ...	769·2 6·41	34·2	25·6 ...	6·4 ...	70·5 ...
Madras and Poonamallee.	674 {	... ...	... ...	... ...	... ...	68·2 ...	14·8 ...	7·4 ...	3·0 ...	17·8 ...	... 1·48	... ...	17·8 ...	20·8 ...	5·9 ...	... ...	11·9 ...	93·5 ...	847·2 10·39	71·5	51·9 ...	10·4 ...	31·2 ...
GROUP XI.— SOUTHERN INDIA.	* 3,612 {	·8 ...	... ...	·6 ...	7·2 83	39·9 ...	29·1 ...	8·0 ...	1·4 28	8·9 28	·8 28	3·6 28	14·1 ...	22·1 ...	16·6 ...	1·4 ...	6·1 ...	97·5 ...	675·8 6·09	† 48·5	28·8 ...	18·3 ...	50·4 ...

\* Derived from the aggregates.

† Worked on the aggregates.



## EUROPEAN TROOPS, 1909.

TABLE III—continued.

RATIOS of STATIONS, GROUPS, and ARMIES.

For actuals see Table IV.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.												2. DEATH RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancere.	Gonorrhoea.
Ranikhet and Chaubuttia. }	1,875 {	...	...	...	9'6 1'60	69'9	11'2	17'1	...	12'8 1'60	1'6	1'1	9'1 53	5'3 53	6'4	5 53	6'9	94'9	547'7 5'33	36'8	43'2	11'2	40'5
Chakrata . .	1,387 {	7	...	...	3'6 72	90'8	39'7	2'9	...	11'5	7 72	...	10'1	6'5 72	14'4	7 72	4'3	82'2	505'4 2'88	35'6	25'2	15'9	41'1
Lebong . .	679 {	...	...	...	1'5 1'47	28'0	36'8	4'4	...	13'3	...	1'5	16'2	7'4	17'7	...	...	32'4	408'0 5'89	32'3	8'8	2'9	20'6
Solon . .	278 {	...	...	...	7'2	75'5	43'2	7'2	...	3'6	...	3'6	3'6	...	3'6	...	3'6	36'0	514'4	16'5	18'0	3'6	14'4
Dagshai . .	698 {	...	...	...	2'9	70'2	15'8	...	...	15'8	...	...	17'2	...	5'7	2'9	14'3	34'4	362'5 1'43	26'3	1'4	1'4	31'5
Subathu . .	411 {	...	...	...	4'9	53'5	7'3	12'2	...	9'7 2'43	...	2'4	7'3	14'6	2'4	...	4'9	46'2	481'7 2'43	41'9	17'0	7'3	21'9
Jutogh . .	242 {	...	...	...	...	165'3	8'3	12'4	...	8'3	...	...	16'5	28'9 4'13	28'9 4'13	4'1	...	16'5 4'13	632'2 16'53	33'1	12'4 4'13	...	4'1
Kuldana . .	522 {	5'7	...	...	...	32'6	19'2	3'8	...	21'1	...	1'9	1'9	...	...	...	9'6	46'0	540'2 1'92	18'1	15'3	11'5	19'2
Kalabagh and Baragali. }	110 {	...	...	...	...	18'2	27'3	9'1	...	36'4	...	...	...	18'2	18'2	...	...	54'5	518'2	16'7	36'4	...	18'2
Camp Gharial. }	813 {	...	...	...	3'7	106'1	19'7	2'5	...	1'2	...	3'7	9'8	1'2	6'2	1'2	1'2	23'4	439'1	18'0	3'7	11'1	8'6
Camp Barian and Khairagali. }	641 {	18'7	...	...	6'2	84'2	4'7	1'6	...	10'9	...	...	4'7	10'9	18'7	...	14'0	70'2	538'2 1'56	40'8	28'1	4'7	37'4
Khan Spur and Ghora Dhaka. }	463 {	38'9	...	...	4'3 4'32	116'6 2'16	19'4	2'2	...	15'1 6'48	...	4'3	8'6	...	...	...	8'6	17'3	563'7 17'28	18'9	10'8	4'3	2'2
Cherat . .	583 {	1'7	...	...	3'4 1'70	404'8 1'70	74'8	20'4	...	18'7 1'70	...	3'4	8'5	6'8	25'5	1'7 1'70	15'3	11'9	991'5 6'80	36'5	5'1	5'1	1'7
Quetta . .	2,927 {	1'7	...	...	4'8 68	68'0 34	22'9	23'6	3	8'2 34	3	4'1 68	13'0	3'4	5'1	1'0 34	3'4	34'8	407'9 4'44	27'0	12'6	3'8	18'4
Maymyo . .	954 {	...	...	...	...	230'6	65'0	2'1	...	11'5	1'0	2'1	8'4	1'0 1'05	17'8	...	4'2	75'5	654'1 4'19	38'5	8'4	21'0	46'1
GROUP XII a.—HILL STATIONS. }	12,586 {	3'2	...	...	4'4 79	105'4 1'24	27'3	11'0	1	11'4 56	5 24	2'1 16	10'2 08	4'9 32	9'8 08	8 24	5'9	52'0 08	512'9 4'37	† 30'7	17'8 08	8'3	25'9
Darjeeling . .	381 {	...	...	...	7'9	120'7	23'6	10'5	...	28'9	7'9	...	34'1	15'7	21'0	2'6 2'62	2'6	63'0	585'3 7'87	44'9	23'6	10'5	28'9
Naini Tal . .	279 {	3'6	...	...	32'3	82'4	46'6	10'3	...	3'6	3'6 3'58	7'2	10'8	10'8	14'3	3'6	10'8	64'5	444'4 17'92	36'3	25'1	7'2	32'3
Landour . .	186 {	...	...	...	21'5 5'38	822'6	37'6	16'1	...	10'8	...	5'4	26'9	26'9	32'3	5'4	26'9	48'4	1,376'3 5'38	59'9	21'5	21'5	5'4
Kasauli . .	567 {	...	...	...	...	208'1	8'8	3'5	...	3'5	1'8 1'76	3'5 1'76	42'3 1'76	1'8 1'76	12'3	5'3	19'4	77'6	733'7 12'35	94'3	17'6	8'8	51'1
Dalhousie . .	866 {	1'2	...	1'2	6'9	187'1	5'8	5'8	...	8'1	1'2	4'6	4'6	21'3	1'2	2'3 1'15	...	41'6	575'1 3'46	44'8	11'5	4'6	25'4
Murree, and Lower and Upper Topas. }	485 {	...	...	...	6'2 2'66	216'5	45'4	8'2	...	10'3	...	...	16'5	6'2 2'06	20'6	10'3	24'7	18'6	616'5 4'12	65'1	2'1	10'3	6'2
Mount Abu . .	107 {	...	...	...	28'0	327'1	37'4	9'3	9'3	...	...	18'7	46'7	...	74'8	...	...	74'8	1028'0	34'9	37'4	9'3	28'0
Pachmarhi . .	148 {	...	...	...	...	324'3 6'76	...	27'0	6'8	...	...	...	6'8	6'8	6'8	...	13'5	74'3	743'2 20'27	29'8	20'3	20'3	33'8

\* Derived from the aggregates.

† Worked on the aggregates.



STATIONS, GROUPS AND ARMIES.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE.					3. CONSTANTLY SICK RATE.						
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhoea.
Purandhar .	105 {	...	...	...	19'0 9'52	323'8 ...	...	9'5 ...	...	28'6 ...	...	...	28'6 ...	28'6 ...	28'6 ...	...	28'6 ...	28'6 ...	1,104'8 9'52	53'6	9'5 ...	...	19'0 ...
Wellington .	1,063 {	...	...	...	5'6 ...	96'0 ...	47'0 ...	1'9 ...	...	17'9 ...	'9 ...	4'7 94	25'4 94	8'5 94	11'3 ...	1'0 94	7'5 ...	86'5 ...	1,068'7 6'59	103'7	19'8 ...	26'3 ...	40'5 ...
GROUP XIIb.— Hill Convalescent Depôts and Sanitaria.	* 4,186 {	'5 ...	...	'2 ...	8'6 72	197'3 24	27'5 ...	6'9 ...	'5 ...	11'9 ...	1'7 24	3'8 48	22'2 48	11'9 72	14'3 ...	3'6 72	10'8 ...	60'7 ...	785'5 7'64	† 68'5	16'7 ...	13'4 ...	30'6 ...
Troops marching, India.	2,135 {	'9 ...	...	...	5'2 ...	135'8 ...	45'9 ...	4'7 ...	4'7 ...	4'7 47	'5 ...	4'7 ...	8'4 ...	23'9 ...	14'5 ...	...	3'3 ...	43'1 ...	506'8 1'87	2'8	6'6 ...	9'4 ...	27'2 ...
Deolali Depôt .	601 {	3'3 ...	...	...	...	372'7 ...	6'7 ...	1'7 ...	...	1'7 ...	...	1'7 ...	5'0 ...	...	5'0 ...	3'3 333	5'0 ...	61'6 ...	678'9 6'66	35'8	8'3 ...	10'0 ...	43'3 ...
EXTRA INDIA.																							
Aden .	1,120 {	...	...	...	2'7 ...	419'6 1'79	136'6 ...	2'7 ...	7'1 1'79	12'5 ...	3'6 ...	...	11'6 ...	19'6 89	39'3 ...	'9 ...	5'4 ...	38'4 ...	1,024'1 8'04	53'9	11'6 ...	1'8 ...	25'0 ...
India	* 71,556 {	9'2 2	'9 10	'3 01	8'9 1'58 2'1	202'8 36 7'3	61'3 01 2'1	5'9 ...	1'5 21 1	8'7 42 8	1'1 13 3	2'9 31 3	12'8 10 7	11'2 25 8	12'5 01 4	1'4 48 2	7'2 01 5	67'8 01 8'5	716'9 6'25 40'3	† 40'3	16'3 01 2'2	13'9 ... 1'3	37'7 ... 5'0
NORTHERN ARMY	* 37,995 {	16'2 ...	'1 ...	'2 03	10'9 2'11	237'2 39	78'7 03	5'9 ...	1'6 29	9'8 47	1'1 16	3'1 32	13'4 11	10'1 34	12'5 03	1'5 61	7'7 ...	62'2 03	775'0 6'97	† 42'8	16'4 03	10'4 ...	35'4 ...
SOUTHERN ARMY	* 31,426 {	1'2 ...	'3 22	'4 ...	6'8 1'05	165'8 35	41'3 ...	5'9 ...	1'1 13	7'8 35	1'2 10	2'6 32	12'3 10	11'6 16	12'5 ...	1'4 35	6'9 03	76'3 ...	661'0 5'66	† 39'7	16'7 ...	18'4 ...	41'2 ...
Lucknow† .	2,419	...	...	...	4'3	4'8	5'3	'3	'2	'3	'1	'4	'7	1'7	'2	'3	'5	9'3	44'9	44'9	2'1	'1	7'1
Meerut† .	2,152	'0	...	...	5'9	12'9	3'0	'2	'0	'7	'1	'4	'3	1'7	'3	'2	'4	10'1	56'2	56'2	2'2	'5	7'4
Ambala† .	2,286	...	...	'0	'7	3'2	2'2	'6	'0	1'8	'3	'4	1'0	1'0	'3	'3	'3	8'4	37'3	37'3	1'7	'6	6'1
Rawalpindi† .	2,898	'4	...	...	1'7	6'8	1'4	'3	...	'5	'2	'2	'6	'7	'4	'3	'5	7'0	37'7	37'7	2'0	1'4	3'5
Secunderabad† .	2,980	...	'1	...	1'2	'5	'1	'5	'0	'4	'1	'2	'3	'5	'1	'2	'7	6'9	19'7	19'7	1'8	2'3	2'8
Poona† .	2,099	...	...	'3	'4	3'8	1'4	'3	'0	1'0	...	'2	'3	'8	'4	'2	'2	7'0	27'0	27'0	'9	'7	5'3
Bangalore† .	2,204	'0	...	'1	2'7	1'5	1'9	'9	...	'7	'1	'5	'9	1'6	'8	'2	'4	10'9	46'9	46'9	3'3	1'6	6'1
Uatraf .	2,927	'1	...	...	1'0	3'2	1'3	1'9	'0	1'3	'5	'3	'6	'4	'2	'2	'3	3'8	27'0	27'0	1'5	'2	2'2

\* Derived from the aggregates.

† Worked on the aggregates.

‡ Constantly sick rate per 1,000 by diseases at the largest stations.



# EUROPEAN TROOPS, 1909.

## TABLE IV.

ACTUALS of STATIONS, GROUPS, and ARMIES on which the Ratios in Tables I—III have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.												2. DEATHS.				3. CONSTANTLY SICK.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia or uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	Syphilis.	Soft Chancre.	Gonorrhoea.	Tania.	Other Entozoa.			
Rangoon and Port Blair .	1,311 {	...	...	...	2	175	334	3	1	8	1	3	16	26	13	2	5	193	1,155	45	60	88	2	...			
		...	...	...	74	6'67	9'96	10	01	1'34	62	34	1'09	1'33	43	16	60	23'76	67'26	6'23	5'71	11'82	06	...			
GROUP I.—BURMA COAST AND BAY ISLANDS.	* 1,311 {	...	...	...	2	175	334	3	1	8	1	3	16	26	13	2	5	193	1,155	45	60	88	2	...			
		...	...	...	74	6'67	9'96	10	01	1'34	62	34	1'09	1'33	43	16	60	23'76	67'26	6'23	5'71	11'82	06	...			
Thayetmyo . . . .	409 {	...	...	...	...	30	75	...	...	1	2	...	6	1	2	3	5	35	436	12	8	15	...	...			
		...	...	...	08	1'01	1'83	...	...	09	09	...	28	06	02	46	15	4'26	17'96	1'64	087	1'75	...	...			
Meiktila . . . .	275 {	...	...	...	...	2	14	...	...	3	...	...	2	5	2	...	...	57	154	20	20	17	1	...			
		...	...	...	10	04	40	...	...	29	19	...	08	32	17	...	...	5'72	10'29	2'86	1'79	1'07	05	...			
Fort Dufferin (Mandalay)	288 {	...	...	...	1	85	8	...	...	4	2	1	1	5	2	2	6	31	208	11	...	20	...	...			
		...	...	...	30	1'91	21	...	...	15	83	01	25	27	09	39	47	3'16	10'82	081	...	2'35	...	...			
Shwebo . . . .	704 {	...	...	...	...	61	59	3	...	6	...	1	6	5	16	1	5	43	423	15	4	24	...	...			
		...	...	...	06	2'03	1'27	08	...	30	...	01	40	12	35	12	29	5'11	18'27	1'67	081	2'63	...	...			
Bhamo . . . .	192 {	1	...	...	...	54	44	1	...	2	1	...	5	...	3	...	...	15	192	...	6	9	2	...			
		05	...	...	...	1'82	1'18	03	...	10	25	...	20	...	10	...	...	1'48	7'37	...	53	95	04	...			
GROUP II.—BURMA INLAND.	* 1,868 {	1	...	...	1	232	200	4	...	16	5	2	20	10	25	6	16	181	1'413	58	38	85	3	...			
		05	...	...	54	6'81	4'89	11	...	93	1'36	02	1'21	77	73	97	91	19'73	64'71	6'98	4'00	8'75	09	...			
Forts William, Fulta and Chingrikhal.	1,209 {	...	...	4	7	79	126	4	...	16	...	2	13	18	14	1	2	159	770	48	22	89	1	...			
		...	...	39	1'22	2'87	3'49	50	...	1'11	09	23	85	1'62	24	02	12	22'09	53'01	5'09	2'92	14'08	04	...			
Dum-Dum . . . .	342 {	...	...	...	6	18	40	2	...	1	...	1	9	4	22	2	8	17	206	1	8	8	...	...			
		...	...	...	1'29	85	1'27	07	...	21	...	12	42	54	1'30	14	92	2'20	12'69	08	1'03	1'09	...	...			
Barrackpore . . . .	304 {	...	...	...	3	51	30	...	...	3	...	2	3	8	7	...	3	11	218	1	7	3	...	...			
		...	...	...	36	1'15	73	...	...	18	...	18	17	54	15	...	35	1'19	8'47	20	82	17	...	...			
GROUP IV.—BENGAL AND ORISSA.	1,856 {	...	...	4	16	148	196	6	...	20	...	5	25	30	43	3	13	187	1,194	50	37	100	1	...			
		...	...	39	2'87	4'87	5'49	57	...	1'50	09	53	1'44	2'70	1'69	06	1'39	25'48	74'17	5'37	4'77	15'34	04	...			
B																											
Dinapore . . . .	540 {	4	1	...	11	83	95	1	...	1	...	...	8	9	5	2	4	22	353	4	4	14	...	...			
		15	05	...	2'05	2'93	3'03	03	...	09	...	01	38	88	19	26	13	2'59	16'99	64	41	1'54	...	...			
Benares . . . .	106 {	...	...	...	3	13	8	...	...	1	...	1	2	2	...	...	2	8	71	4	1	3	...	...			
		...	...	...	60	47	49	...	...	02	...	08	07	08	...	...	05	1'04	4'29	23	26	55	...	...			
Allahabad and Fort.	820 {	...	...	...	6	141	99	5	3	3	1	3	22	7	7	1	2	62	655	15	5	42	3	...			
		...	...	...	98	5'16	3'98	32	12	29	07	25	1'10	58	29	17	16	7'42	35'38	2'13	25	5'04	04	...			
Fyzabad . . . .	805 {	6	...	...	11	36	51	14	2	1	...	3	9	6	19	2	11	99	453	6	9	84	...	...			
		24	...	...	3'06	1'79	2'40	67	07	07	...	26	50	57	99	45	98	15'06	36'11	45	48	14'13	...	...			
Sitapur . . . .	520 {	...	...	...	9	20	54	1	...	2	...	1	2	1	2	1	5	47	206	16	5	26	...	...			
		...	...	...	1'68	52	1'45	02	...	22	...	22	11	09	04	03	50	7'49	15'65	3'64	76	3'09	...	...			
Lucknow . . . .	2,419 {	...	...	...	56	354	463	6	15	7	1	9	28	61	22	5	17	186	1,936	50	10	126	7	...			
		...	...	...	10'41	11'72	12'92	67	45	74	18	1'04	1'66	4'23	54	74	1'27	22'57	108'51	5'18	14	17'25	16	...			
Cawnpore . . . .	2,950 {	...	...	...	...	183	98	4	7	22	2	...	18	1	9	...	10	80	887	20	4	56	3	...			
		...	...	...	08	6'26	3'36	33	27	3'60	26	...	94	19	53	...	47	8'81	45'67	2'71	43	5'67	11	...			
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	6,167 {	10	1	...	96	830	868	31	27	37	4	17	89	87	64	11	51	504	4,561	115	38	351	13	...			
		39	05	...	18'86	28'85	27'68	2'04	91	5'03	51	1'85	4'76	6'62	2'58	1'65	3'56	64'98	262'60	14'98	2'73	47'27	31	...			

\* Derived from the aggregates.



STATIONS AND GROUPS.		Average annual strength.	1. ADMISSIONS.										2. DEATHS.					3. CONSTANTLY SICK.									
			Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	Syphilis.	Soft Chancre.	Gonorrhoea.	Tænia.	Other Entozoa.		
A																											
Shahjehanpur	• • •	345 {	...	...	...	5 1 77	27 ...	20 ...	1 ...	...	2 ...	1 ...	...	4 ...	...	9 ...	...	...	...	158 2 8'87	7 ...	4 ...	11 ...	...	...		
Bareilly	• • •	1,063 {	2 10	...	...	16 6 3'38	161 ...	143 ...	4 ...	...	13 ...	2 ...	4 ...	16 ...	8 ...	18 ...	1 ...	13 ...	54 ...	838 11 45'77	21 ...	14 ...	19 ...	...	...		
Rurki	• • •	334 {	6 19	...	...	2 1 1'11	57 ...	26 ...	...	...	...	...	...	4 ...	4 ...	5 ...	...	...	8 ...	166 2 10'27	2 ...	1 ...	5 ...	...	...		
Meerut	• • •	2,152 {	1 03	...	...	56 7 12'75	1,297 3 27'66	162 ...	7 ...	1 ...	16 ...	3 ...	9 ...	16 ...	42 ...	28 ...	5 ...	5 ...	194 ...	2,613 19 121'04	48 ...	51 ...	95 ...	19 ...	...		
Delhi	• • •	243 {	...	...	...	3 1 66	278 ...	41 ...	1 ...	...	1 ...	...	1 ...	6 ...	...	14 ...	...	4 ...	14 ...	490 3 19'12	1 ...	5 ...	8 ...	...	...		
Ambala	• • •	2,286 {	...	...	1 09	7 1 1'63	177 ...	141 ...	12 ...	...	34 ...	4 ...	12 ...	59 ...	20 ...	22 ...	2 ...	12 ...	137 ...	1,288 8 85'28	30 ...	18 ...	89 ...	13 ...	...		
B																											
Jullundur	• • •	488 {	...	...	...	11 3 1'55	255 ...	10 ...	5 ...	...	3 ...	...	3 ...	15 ...	6 ...	6 ...	...	6 ...	21 ...	549 4 31'53	3 ...	1 ...	17 ...	...	...		
Ferozepore	• • •	984 {	...	...	...	1 72	646 ...	130 ...	2 ...	4 ...	14 ...	2 ...	3 ...	15 ...	8 ...	3 ...	1 ...	4 ...	28 ...	1,176 3 52'62	9 ...	...	19 ...	1 ...	...		
Amritsar	• • •	163 {	...	1 11	...	3 77	83 ...	17 ...	1 ...	...	1 ...	...	...	3 ...	2 ...	5 ...	1 ...	3 ...	4 ...	185 1 8'55	1 ...	...	3 ...	...	...		
Lahore Cantonment and Fort.		1,157 {	4 22	...	...	30 2 6'32	266 ...	202 ...	4 ...	9 ...	9 ...	2 ...	17 ...	30 ...	23 ...	23 ...	5 ...	6 ...	91 ...	1,081 14 67'05	14 ...	31 ...	46 ...	...	...		
Sialkot	• • •	1,112 {	96 2'11	...	...	23 3 4'78	374 ...	26 ...	6 ...	1 ...	12 ...	2 ...	2 ...	12 ...	5 ...	25 ...	2 ...	2 ...	53 ...	1,103 11 45'13	14 ...	6 ...	33 ...	3 ...	...		
Rawalpindi	• • •	2,898 {	41 1'05	...	...	21 3 4'94	510 ...	104 ...	19 ...	...	22 ...	3 ...	5 ...	32 ...	24 ...	21 ...	3 ...	20 ...	193 ...	1,893 14 109'29	33 ...	46 ...	114 ...	17 ...	...		
Campbellpore and Attock		360 {	1 01	...	1 12	1 37	118 ...	7 ...	6 ...	3 ...	3 ...	1 ...	...	3 ...	7 ...	...	...	5 ...	31 ...	268 2 12'02	13 ...	3 ...	15 ...	...	...		
GROUP VI.—UPPER SUB-HIMALAYA.		* 13,585 {	151 3'71	1 11	2 21	179 39'75	4,249 7 137'84	1,032 ...	68 ...	18 ...	130 ...	20 ...	56 ...	195 10'50	149 14'07	179 5'37	18 2'52	80 5'27	850 103'43	11,808 94 616'54	196 24'97	180 14'29	474 64'17	59 1'67	1 14		
A																											
Nowshera	• • •	1,050 {	54 1'15	...	...	15 6 3'24	104 ...	340 ...	8 ...	3 ...	15 ...	2 ...	3 ...	16 ...	5 ...	6 ...	...	9 ...	39 ...	927 19 40'93	8 ...	12 ...	19 ...	2 ...	...		
Peshawar	• • •	1,597 {	365 6'80	...	...	18 5 3'47	875 ...	70 ...	11 ...	3 ...	17 ...	2 ...	11 ...	19 ...	12 ...	34 ...	1 ...	4 ...	65 ...	1,910 13 88'22	11 ...	10 ...	44 ...	13 ...	...		
Multan	• • •	839 {	...	...	...	17 3 3'03	460 ...	125 ...	5 ...	3 ...	7 ...	2 ...	3 ...	2 ...	1 ...	7 ...	3 ...	6 ...	28 ...	950 9 32'84	12 ...	6 ...	10 ...	5 ...	...		
C																											
Hyderabad	• • •	443 {	...	...	...	...	177 ...	2 ...	1 ...	4 ...	5 ...	1 ...	...	9 ...	5 ...	2 ...	...	14 ...	34 ...	411 3 16'49	3 ...	10 ...	21 ...	...	...		
Karachi	• • •	1,098 {	...	...	...	4 90	231 ...	2 ...	2 ...	...	8 ...	4 ...	1 ...	21 ...	8 ...	18 ...	1 ...	6 ...	118 ...	784 8 54'1	7 ...	55 ...	56 ...	...	...		
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND RAJPUTANA.		5,027* {	419 7'95	...	...	54 14 10'64	1,847 4 69'82	539 1 15'03	27 ...	13 ...	52 ...	11 ...	18 ...	67 3'38	31 1'62	67 1'63	5 ...	39 2'11	284 ...	4,982 52 232'65	41 6'93	93 9'57	150 20'11	20 54	1 04		

\*Derived from the aggregates.



## EUROPEAN TROOPS, 1909.

TABLE IV—continued.

ACTUALS of STATIONS, GROUPS, and ARMIES, on which the Ratios in Tables I—III have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.			3. CONSTANTLY SICK.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	Syphilis.	Soft Chancre.	Gonorrhoea.	Tania.	Other Entozoa.
<b>B</b>																								
Neemuch . . . . .	405 {	...	...	...	2	41	...	5	...	2	...	...	1	3	4	1	2	35	184	4	3	28	1	...
		...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	56	476	...	79	...	08	...	...	02	11	20	02	04	382	1217	30	45	307	02	...
Nasirabad and Taragarh.	977 {	...	...	...	7	124	51	7	1	3	...	3	18	5	21	2	3	68	694	19	18	31	3	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	147	522	97	82	04	2	...	11	48	28	69	35	17	980	3473	312	222	446	06	...
Muttra . . . . .	519 {	...	...	...	2	136	23	2	...	4	...	...	8	2	5	...	23	24	395	6	6	12	1	...
		...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	08	76	120	06	...	34	...	...	77	20	16	...	75	306	1622	54	65	187	03	...
Agra and Fatehgarh .	913 {	...	...	...	5	695	60	4	5	5	1	1	14	10	9	1	16	47	1,248	7	9	31	3	...
		...	...	...	2	1	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...	...
		...	...	...	211	2674	176	31	12	78	11	10	46	70	21	25	91	593	6101	46	49	498	05	...
Jhansi . . . . .	1,067 {	4	...	...	8	341	19	2	2	11	2	1	11	9	10	...	7	88	908	24	11	53	5	...
		13	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	470	857	53	05	13	63	44	06	51	50	22	...	54	794	4261	200	62	532	10	...
Nowgong . . . . .	313 {	...	...	...	3	88	13	...	...	5	3	3	8	1	3	1	4	26	266	5	2	19	3	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	86	256	43	...	...	31	88	24	19	02	05	01	28	403	1493	60	20	323	07	...
Mhow and Indore . .	1,755 {	1	...	5	5	935	8	11	...	10	4	3	14	28	35	...	13	124	1,694	14	29	81	...	...
		02	...	37	1	1	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
		...	...	...	74	2987	31	178	02	148	62	09	55	226	104	01	58	1453	8129	96	395	962	...	...
GROUP VIII—S.-E. RAJ- PUTANA, CENTRAL INDIA, AND GUJARAT.	5,950* {	5	...	5	32	2,370	174	31	8	40	10	11	74	58	87	5	68	412	5,389	79	78	255	16	...
		15	...	3	8	2	...	...	2	2	...	...	2	1	...	4	...	...	35	...	...	...	...	...
		...	...	...	1052	7848	520	381	31	374	205	59	298	407	257	64	327	4911	26296	798	858	3255	33	...
<b>A</b>																								
Jubbulpore . . . . .	1,350 {	1	...	...	16	427	...	7	3	17	...	3	26	17	4	4	21	92	1135	16	18	58	2	...
		01	...	...	2	...	...	...	...	2	...	...	...	1	...	...	...	...	5	...	...	...	...	...
		...	...	...	424	1009	...	19	01	72	...	29	106	44	05	75	110	1283	5203	141	405	737	01	...
Kampti and Sitabaldi .	974 {	3	1	...	19	167	8	5	1	5	...	2	4	11	7	1	7	80	619	18	18	44	1	...
		03	06	...	2	...	...	...	...	...	...	1	...	...	...	...	...	...	3	...	...	...	...	...
		...	...	...	417	581	81	56	04	42	...	07	29	110	15	06	32	1050	3949	278	104	668	09	...
<b>B</b>																								
Secunderabad . . . .	2,980 {	...	5	...	20	30	6	10	2	13	1	6	21	19	7	6	32	196	825	39	64	93	2	...
		...	3	...	8	...	...	...	...	2	...	...	8	...	...	2	...	...	18	...	...	...	...	...
		...	21	...	347	148	42	136	07	111	39	62	8	53	29	71	217	2067	5860	537	683	837	05	...
Belgaum . . . . .	958 {	...	3	...	12	19	29	...	...	1	1	3	8	6	11	1	3	62	374	10	20	32	...	...
		...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	7	...	...	...	...	...
		...	08	...	227	44	138	...	...	02	02	31	25	28	42	09	25	678	2169	98	231	349	...	...
Popna . . . . .	2,099 {	...	...	4	26	229	91	5	2	24	...	6	11	28	35	...	10	80	962	7	15	...	...	...
		...	...	...	4	...	...	...	...	...	...	1	...	...	...	...	...	...	10	...	...	...	...	...
		...	...	55	506	798	294	71	04	218	...	33	71	166	94	32	35	1464	5673	193	150	1121	33	...
Kirkee . . . . .	1,939 {	11	...	1	27	110	39	1	3	2	1	3	9	34	9	...	7	86	630	4	22	60	4	...
		51	...	06	3	...	...	...	...	...	...	1	...	...	...	...	...	...	4	...	...	...	...	...
		...	...	...	545	409	139	20	10	28	15	47	38	205	29	22	48	1014	3687	21	120	873	07	...
Ahmednagar . . . .	750 {	...	1	...	7	92	11	2	1	4	...	4	18	6	19	...	...	46	414	15	12	19	...	...
		...	1	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	5	...	...	...	...	...
		...	00	...	182	407	28	16	04	43	...	26	62	27	62	...	...	583	2272	250	95	238	...	...
GROUP IX.—DECCAN .	10,149 {	15	10	...	127	1,074	184	30	12	65	3	27	97	121	92	14	80	642	4,959	109	169	364	17	...
		60	6	...	22	...	...	...	...	5	...	4	...	1	...	2	1	...	52	...	...	...	...	...
		...	35	61	2648	3395	742	318	30	516	56	35	413	733	276	215	470	8129	28813	1518	1788	4823	55	...
Colaba and Khandalla .	1,055 {	...	...	...	1	304	40	7	...	4	6	3	10	18	4	3	8	136	765	26	42	68	4	...
		...	...	...	1	2	...	...	...	2	1	1	...	...	...	...	...	...	11	...	...	...	...	...
		...	...	...	32	1345	207	65	...	37	177	47	39	113	95	159	123	1919	6278	657	451	811	40	...
Cannanore, Calicut and Malapuram.	347 {	7	...	...	...	1	1	2	...	2	...	...	14	...	3	...	...	33	254	14	5	14	...	...
		24	...	...	...	...	...	...	...	...	...	...	47	...	07	...	...	408	1243	149	44	215	...	...
GROUP X.—WESTERN COAST.	1,402* {	7	...	...	1	305	41	9	...	6	6	3	24	18	7	3	8	169	1,019	40	47	8	4	...
		...	...	...	1	2	...	...	...	2	1	1	...	...	...	...	...	...	11	...	...	...	...	...
		24	...	...	32	1352	237	73	...	43	177	47	86	113	103	169	123	2327	7521	806	495	1026	40	...

\*Derived from the aggregates.



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.														2. DEATHS.				3. CONSTANTLY SICK.						
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	Syphilis.	Soft Chancre.	Gonorrhoea.	Tania.	Other Entozoa.		
<b>A</b>																										
Bellary and Ramandroog	578	...	...	...	2	35	5	2	2	2	...	...	8	5	...	...	1	82	263	14	20	48	...	...		
		...	...	...	33	150	29	15	1	18	...	...	47	84	...	09	03	780	1845	151	159	470	...	...		
Bangalore	2,204	1	...	2	24	62	89	22	...	14	2	12	30	52	54	5	13	191	1,487	51	38	102	8	...		
		03	...	23	592	330	411	204	...	149	15	101	209	357	184	43	94	2409	10333	729	344	1336	07	...		
<b>B</b>																										
St. Thomas' Mount	156	2	...	...	...	1	1	...	1	4	1	1	1	9	2	...	...	16	120	4	1	11	...	...		
		03	...	...	...	03	03	...	02	42	40	08	02	43	05	...	...	10	533	04	00	06	...	...		
Madras and Poona-mallee.	674	...	...	...	...	46	10	5	2	12	...	...	12	14	4	...	5	63	571	35	7	21	...	...		
		...	...	...	08	437	48	74	09	111	24	...	105	292	08	08	112	1633	4820	828	73	732	...	...		
GROUP XI.—SOUTHERN INDIA.	3,612	3	...	2	26	144	105	29	5	32	3	13	51	80	60	5	22	352	2,441	104	66	182	8	...		
		06	...	23	633	920	491	293	13	320	79	109	364	776	197	60	209	4832	17531	1712	576	2544	07	...		
Ranikhet and Chau-butia.	1,875	...	...	...	18	131	21	32	...	24	3	2	17	10	12	1	13	178	1,027	81	21	76	7	...		
		...	...	...	3	...	...	...	...	1	2	...	1	1	...	...	...	...	10	...	...	...	...	...		
		...	...	...	389	577	136	391	...	134	194	18	65	90	42	04	104	1992	6897	951	149	892	12	...		
Chakrata	1,387	1	...	...	5	126	55	4	...	16	1	...	14	9	20	1	6	114	...	35	22	57	4	...		
		02	...	...	141	918	166	96	...	128	08	...	89	123	65	06	60	1325	49	312	221	792	03	...		
Lebong	679	...	...	...	1	19	25	3	...	9	...	1	11	5	12	...	...	22	277	6	2	14	...	...		
		...	...	...	34	142	177	41	02	77	...	10	78	65	39	...	...	335	2194	173	16	146	...	...		
Soion	278	...	...	...	2	21	12	2	...	1	...	1	1	...	1	...	1	10	143	5	1	4	...	...		
		...	...	...	47	46	39	04	...	02	...	01	05	...	02	...	01	65	458	24	05	36	...	...		
Dagshai	698	...	...	...	2	49	11	...	...	11	...	...	11	...	4	2	10	24	253	1	1	22	...	...		
		...	...	...	38	187	50	...	...	92	...	08	69	01	12	86	45	387	1836	17	04	366	...	...		
Subathu	411	...	...	...	2	22	3	5	...	4	...	1	3	6	1	...	2	19	198	7	3	9	...	...		
		...	...	...	98	70	10	20	01	62	...	16	09	13	01	...	12	442	1721	118	91	233	...	...		
Jutogh	242	...	...	...	...	40	2	3	...	2	...	...	4	7	7	1	...	4	153	3	...	1	4	...		
		...	...	...	...	198	06	10	...	09	...	...	14	52	18	13	...	42	801	19	01	22	24	...		
Kuldana	522	3	...	...	...	17	10	2	...	11	...	1	1	...	...	...	5	24	282	8	6	10	4	...		
		08	...	...	...	72	21	28	...	68	...	02	03	...	...	...	29	41	944	16	10	15	05	...		
Kalabagh and Baragali.	110	...	...	...	...	2	3	1	...	4	...	...	...	2	2	...	...	6	57	4	...	2	...	...		
		...	...	...	...	03	05	07	...	22	...	...	...	03	04	...	04	08	184	05	...	03	...	...		
Camp Gharial	813	...	...	...	3	135	16	2	...	1	...	3	8	1	5	1	1	19	357	3	9	7	5	...		
		...	...	...	48	455	52	05	...	11	10	22	24	15	15	07	03	68	1461	15	37	16	08	...		
„ Barian and Khairagali.	641	12	...	...	4	54	3	1	...	7	...	...	3	7	12	...	9	45	345	18	3	24	1	1		
		28	...	...	89	169	13	02	...	91	...	...	08	55	38	05	59	1187	2614	457	108	622	01	04		
Khan Spur and Ghora Dhaka.	463	18	...	...	2	54	9	1	...	7	...	2	4	...	...	...	4	8	261	5	2	1	7	...		
		49	...	...	19	169	39	01	...	16	...	18	10	...	...	...	16	27	876	14	11	02	14	...		
Cherat	588	1	...	...	2	238	44	12	...	11	...	2	5	4	15	1	9	7	589	3	3	1	...	...		
		01	...	...	30	520	162	55	01	159	59	27	10	20	22	29	33	70	2145	12	17	41	...	...		

\* Derived from the aggregates.



# EUROPEAN TROOPS, 1909.

## TABLE IV—continued.

ACTUALS of STATIONS, GROUPS, and ARMIES, on which the ratios in Tables I—III have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.					3. CONSTANTLY SICK.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Syphilis.	Soft Chancre.	Gonorrhoea.	Tania.	Other Entozoa.		
Quetta . . . .	2,927	5 19	...	...	14 279	199 9'33	67 3'78	69 5'48	1 03	24 3'70	1 1'42	12 91	38 1'90	10 1'12	15 60	3 63	10 95	102 11'50	1,194 79'05	37 4'28	17 72	...	17 44	...		
Maymyo . . . .	954	...	...	...	...	220 6'46	62 1'69	2 11	...	11 88	1 61	2 28	8 43	1 06	17 59	...	4 22	72 8'62	624 36'69	8 1'17	20 1'85	44 5'60	2 05	...		
GROUP XIIIa.—HILL STATIONS.	12,586	40 1'07	...	...	55 12'12	13'27 51'05	343 14'23	139 12'19	1 07	143 13'29	6 4'74	27 2'41	129 6'17	62 5'55	123 3'77	10 2'13	74 4'84	654 80'01	6,455 386'40	224 26'78	104 9'27	326 43'96	51 1'16	...		
Darjeeling . . . .	381	...	...	...	3 79	46 2'44	9 1'08	4 27	...	17 1'14	3 79	...	13 61	6 1'17	8 45	1 18	1 06	24 2'50	223 17'12	9 1'28	4 40	11 82	...	...		
Naini Tal . . . .	279	1 02	...	...	9 2'03	23 1'81	13 76	3 09	...	1 01	1 20	2 15	3 20	3 17	4 10	1 24	3 12	18 1'45	124 10'13	7 51	2 19	9 75	1 02	...		
Landour . . . .	186	...	...	...	4 1'02	153 4'44	7 1'18	3 17	...	2 18	...	1 06	5 10	5 28	6 28	1 18	5 27	9 1'28	256 11'40	4 34	4 52	1 42	...	...		
Kasauli . . . .	567	...	...	...	...	118 12'95	5 2'01	2 01	...	2 15	1 1'40	2 01	24 2'45	1 02	7 63	3 1'10	11 1'19	44 4'82	416 53'45	10 1'80	5 42	29 2'60	3 40	...		
Dalhousie . . . .	866	1 11	...	1 10	6 2'25	162 9'86	5 34	...	5 36	7 09	1 99	4 1'17	4 1'19	19 1'60	1 02	2 32	...	36 3'73	498 37'12	10 1'03	4 08	22 2'57	2 09	...		
Murree and Lower and Upper Topas.	485	...	...	...	3 1'02	105 9'13	22 1'75	4 27	...	5 1'50	...	...	8 56	3 45	10 41	5 1'58	12 49	9 1'03	292 31'57	1 51	5 13	3 39	3 10	...		
Mount Abu . . . .	107	...	...	...	3 49	35 9'3	4 20	1 10	...	1 04	...	2 13	5 10	...	8 13	...	...	8 63	110 3'73	4 43	1 02	3 18	...	...		
Pachmarhi . . . .	148	...	...	...	...	48 1'34	...	4 15	...	1 03	...	...	1 04	1 03	1 08	...	2 05	11 1'33	110 4'41	3 50	3 14	5 69	...	...		
Purandhur . . . .	105	...	...	...	2 41	34 1'22	...	1 01	...	3 33	...	...	3 22	3 09	3 05	...	3 13	3 49	116 5'63	1 12	...	2 36	...	...		
Wellington . . . .	1,063	...	...	...	6 8'63	102 12'77	50 5'37	2 17	...	19 2'17	1 1'03	5 74	27 3'14	9 1'01	12 35	2 36	8 78	92 21'41	1,135 110'20	21 9'68	28 3'11	43 8'63	1 02	...		
GROUP XIIIb.—HILL CONVALESCENT DEPÔTS, AND SANITARIA.	4,186	2 25	...	1 20	36 17'75	826 56'89	115 11'70	29 1'87	2 32	50 6'47	7 4'74	16 1'76	93 8'25	50 4'82	60 2'55	15 4'26	45 3'14	254 38'67	3,288 286'76	70 16'25	56 5'02	128 17'40	10 65	...		
Troops marching, India,	2,135	2 01	...	...	11 05	290 1'16	98 44	10 03	10 04	10 05	1 01	10 05	18 09	51 27	31 13	...	7 02	92 83	1032 5'93	14 23	20 27	58 33	1 ...	...		
Deolali Depôt . . . .	601	2 05	...	...	...	224 8'17	4 18	1 03	...	1 06	...	1 07	3 18	...	3 04	2 10	3 12	37 4'59	405 21'53	5 70	6 33	26 3'56	2 04	...		
EXTRA INDIA.																										
Aden . . . .	1,120	...	...	...	3 63	470 18'44	153 4'47	3 55	8 48	14 1'73	4 1'16	...	13 84	22 2'11	44 1'63	1 34	6 50	43 9'34	1147 60'40	13 2'09	2 27	28 6'98	1 01	...		

\* Derived from the aggregates.



ARMIES.		Average annual strength.	1. ADMISSIONS.														2. DEATHS.														3. CONSTANTLY SICK.													
			Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of uncertain origin.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	All Causes.	Syphilis.	Soft Chancre.	Gonorrhoea.	Tænia.	Other Entozoa.																			
INDIA.	† Remaining from 1908	71,356	5	...	...	152	684	51	31	3	25	8	26	47	80	32	15	26	552	2,631	136	117	309	3	1																			
	Admitted .		657	12	19	639	14,511	4,386	420	105	625	81	209	914	801	898	100	517	4,854	51,301	1,163	994	2,697	208	5																			
	Died, total .		...	7	1	113	26	1	...	15	30	9	22	7	18	1	34	1	1	447	1	...	...	...	...																			
	Died out of Hospital.		...	1	...	...	...	...	...	2	10	1	...	1	...	1	...	...	...	68	...	...	...	...	...																			
	Constantly sick.		14'53	7'1	1'91	147'60	525'73	149'48	35'32	3'73	59'67	23'17	18'32	49'52	60'15	28'89	17'62	33'75	602'42	2,880'56	159'85	93'40	356'17	5'92	46																			
	Average duration of a case in days.		8'07	21'60	36'69	84'31	13'22	12'44	30'69	12'97	34'85	104'41	31'99	19'78	27'41	11'74	64'31	23'83	45'83	20'49	50'17	34'30	48'20	10'39	33'58																			
NORTHERN ARMY		37,995	617	2	7	414	9,012	2,989	224	59	571	41	118	508	384	474	57	294	2,354	29,416	625	395	1,344	138	...																			
			...	...	1	80	15	1	...	11	18	6	12	4	13	1	23	...	1	265	1	...	...	...	...																			
			13'18	36	70	90'96	335'41	101'42	17'78	2'21	36'23	10'52	11'16	28'50	33'28	15'55	9'91	18'91	291'48	1,625'98	75'89	33'81	181'78	3'94	37																			
SOUTHERN ARMY		31,426	35	10	12	214	5,209	1,299	186	36	244	39	81	388	366	393	43	216	2,398	20,773	524	579	1,295	69	1																			
			...	7	...	33	11	...	...	4	11	3	10	3	5	...	11	1	...	178	...	...	...	...	...																			
			1'34	35	1'21	56'59	189'16	47'6	17'51	1'48	23'39	12'64	7'11	20'93	26'60	13'21	7'71	14'82	317'11	1,248'65	83'73	59'32	174'06	1'98	09																			

GROUPS.		1. STRENGTH.												2. CONSTANTLY SICK.												TOTAL.
		Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.													
GROUP	I.—BURMA COAST AND BAY ISLANDS.	1,171	1,392	1,385	1,300	1,299	1,286	1,254	1,258	1,215	1,196	1,470	1,503	15,733												
		49'61	75'64	83'42	87'50	90'06	82'67	83'58	52'13	35'80	37'87	62'80	61'00	807'08												
"	II.—BURMA INLAND	1,726	1,756	1,961	1,892	1,850	1,873	1,878	1,952	1,870	1,823	1,811	2,025	22,417												
		71'51	65'03	63'26	48'33	57'32	75'63	78'26	74'47	62'93	61'64	56'57	61'51	776'46												
"	IV.—BENGAL AND ORISSA.	2,542	2,263	1,726	1,688	1,689	1,681	1,766	1,770	1,750	1,655	1,713	2,024	22,267												
		112'00	96'00	78'58	77'99	65'77	60'07	63'19	74'10	74'06	60'00	66'93	61'38	890'07												
"	V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	5,387	5,529	7,445	6,624	6,308	6,217	6,175	6,035	6,055	6,519	5,858	5,849	74,001												
		221'28	190'81	253'74	311'57	287'63	261'94	249'21	254'25	299'39	304'03	293'28	224'13	3,151'26												
"	VI.—UPPER SUB-HIMALAYA.	20,981	20,480	19,017	13,547	9,969	9,750	9,691	9,608	9,824	10,427	12,285	17,439	163,018												
		859'54	770'50	719'07	612'10	489'42	441'24	413'99	527'50	535'96	597'67	741'99	689'67	7,398'65												
"	VII.—N.-W. FRONTIER, INDUS VALLEY, AND WESTERN RAJPUTANA.	6,033	5,963	7,359	5,929	4,122	4,032	3,908	3,834	3,413	3,722	5,161	6,848	60,324												
		392'54	338'94	241'37	231'31	192'54	181'53	184'35	180'82	182'44	183'62	237'77	244'45	2,791'68												
"	VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	5,975	6,323	6,547	6,012	5,885	5,793	5,857	5,770	5,823	5,889	5,476	6,043	71,398												
		337'30	293'35	261'05	219'33	222'52	205'51	220'63	285'58	283'89	309'77	274'50	241'93	3,155'36												
"	IX.—DECCAN	9,573	9,471	10,844	10,331	10,372	10,345	10,804	10,224	10,229	10,183	9,480	9,937	121,793												
		311'00	293'31	281'04	283'07	317'81	300'13	320'51	324'38	295'67	252'45	227'43	250'73	3,457'53												

Note.—Constantly sick × 365 = total annual loss of service.

\* Derived from the aggregates.

† Remaining + admitted = total treated; remaining + admitted + died out of hospital = total cases.

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TABLE IV—concluded.

GROUPS AND ARMIES.		1. STRENGTH.												2. CONSTANTLY SICK.												TOTAL.
		Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	
GROUP X.—WESTERN COAST	{	1,432	1,569	1,421	1,472	1,465	1,393	1,356	1,313	1,347	1,363	1,356	1,340	16,827												
		74'87	54'89	55'19	76'73	75'06	81'27	79'58	79'55	82'73	91'67	80'50	70'45	902'49												
,, XI.—SOUTHERN INDIA	{	3,602	3,750	3,580	3,450	3,357	3,406	3,567	3,702	3,631	3,498	3,739	4,066	43,348												
		176'56	190'15	177'68	167'23	159'45	154'93	169'96	193'10	188'06	170'49	167'44	188'68	2,103'73												
,, XIIa.—HILL STATIONS	{	4,086	4,098	6,135	12,804	18,156	18,255	18,318	18,340	18,028	17,459	9,633	5,725	151,037												
		123'05	121'01	187'95	337'65	507'63	540'46	551'90	607'01	580'92	533'93	334'89	210'64	4,637'04												
,, XIIb.—HILL CONVALESCENT DEPÔTS, AND SANI- TARIA.	{	1,439	1,512	1,751	4,427	6,255	6,434	5,938	6,188	6,047	5,453	3,034	1,755	50,233												
		148'99	144'53	104'38	235'26	430'00	430'56	412'31	432'66	426'59	337'82	207'36	130'52	3,440'98												
INDIA . . . . .	{	68,224	68,576	72,293	72,418	72,626	72,327	72,256	71,845	71,810	72,794	71,604	71,895	858,668												
		2,949'12	2,729'53	2,587'33	2,774'33	2,995'56	2,917'54	2,937'69	3,181'74	3,147'69	3,023'34	2,818'91	2,503'92	34,566'70												
NORTHERN ARMY . . . . .	{	36,831	36,408	37,983	39,121	40,443	40,260	40,175	39,979	39,368	39,599	31,771	33,999	455,937												
		1,708'98	1,541'32	1,424'17	1,566'05	1,668'69	1,579'75	1,584'00	1,794'25	1,805'13	1,802'40	1,677'49	1,359'79	19,512'02												
SOUTHERN ARMY . . . . .	{	28,719	29,413	32,862	32,098	31,974	31,926	32,071	31,784	31,645	31,370	30,945	32,301	377,108												
		1,234'37	1,176'92	1,158'24	1,207'68	1,326'07	1,336'16	1,353'69	1,387'49	1,142'00	1,216'92	1,119'80	1,124'20	14,983'54												



# EUROPEAN TROOPS, 1909.

## TABLE V.

*ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS. SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.*

(The ratios of sickness and mortality will be found in Table III).

### NORTHERN ARMY.

**Peshawar.**—Irrigation is said to be excessive. To the north of the Cantonment the land is said to be excessively irrigated in addition to being naturally damp through the presence of a canal, imperfectly drained brick-fields and marsh land. The brick-fields are to be abolished at a future date. The drains in Cantonments are to be made *pucca* as funds become available.

The water supply is insufficiently filtered. Extra filter beds are being laid down which will improve the filtration, but will not bring the water up to an English standard of purity especially at periods when extra troops are encamped in the locality. After filtration there is liability to contamination during distribution particularly at the air holes and stopcocks.

The regimental bazaars are overcrowded. Efforts are being made to improve this condition.

The air in Peshawar is usually stagnant. Trees and hedges are being pruned to facilitate such movement of air as may occur.

Incineration is being pushed as funds permit.

The Cantonment Committee recommends the provision of mosquito nets for British Troops and that if means do not exist for their provision to the whole garrison the troops in the Fort should be provided with them as soon as possible. The Principal Medical Officer of the Division recommends the following.

- (1) The improvement of the ablution rooms and latrines in both sets of British barracks.
- (2) The provision of a new canteen in the left British Infantry barracks.
- (3) The provision of better accommodation for the Institutions in the left British Infantry barracks.
- (4) The provision of mosquito curtains for all British Troops at Peshawar and Fort.
- (5) Removal of the ablution room from inside the Guard barrack at the Fort.
- (6) The provision of closed iron bins for rubbish in the Cantonment and Fort.
- (7) Relevelling of ground at the sides of Peshawar mall.

The new filter beds are approaching completion.

The Garrison Engineer states:—(1) That the two brick-fields are of very small area compared with the irrigated land in their vicinity. The former brick-field has been closed, and a drainage scheme has just been prepared which will cause the old excavations to empty themselves, after the rain ceases. The latter brickfield is being drained as far as is possible "and a complete scheme will be prepared for this locality when the civil authorities hand over the new area which will supersede the existing brick-field. (2). The two new filter beds will produce a quality of water equal to that of any Indian installation which is not fed direct from springs.

The Lieutenant General Commanding 1st (Peshawar) Division remarks that work of all kinds is progressing very favourably. Great improvements are in progress now and Peshawar though by no means perfect is on the right track.

**Lahore Cantonment.**—It is said that the surface drainage is not sufficient, and that more *pucca* drains are required. There are many depressions and excavations in Cantonments and also extensive excavations just beyond the Railway.

The surface drainage of the Bazaar is still inadequate. The drains which are not *pucca* become over-grown with vegetation during the rains. This also applies to open spaces and compounds generally.

The bath accommodation provided for British Troops is very poor and is totally insufficient if proper personal cleanliness is expected among the rank and file. Fuel for hot water has to be provided out of Regimental Funds and in some small units this is next to impossible.

An expenditure of Rs. 1,100 was incurred on a *pucca* roadside drain in Amritsar street.

The Cantonment Committee state that the new water supply might with advantage be laid on to the Sudder Bazaar.

That the remaining pits and excavations in and near Cantonments should be filled in and that all Crowley carts should be replaced by mule (Lorri) carts.

Incineration is being extended and should eventually replace the present system to a very great extent.

The Principal Medical Officer of the Division remarks that there are many depressions throughout the cantonment and that the surface drainage generally is capable of some improvement. He considers that the washing arrangements for British Troops are up to the authorised standard and are sufficient.

The General Officer Commanding the Division concurs in the remarks made by the Principal Medical Officer of the Division and adds that with regard to anti-malaria measures steps are being taken.

**Ferozepore.**—Some of the urinals of British Troops have *kucha* floors, but it is hoped that *pucca* floors will soon be laid down. There are certain tanks in the vicinity of the lines of all troops, the filling up of which would improve the health of the station. Intermittent action has been taken towards improving the state of the Fort ditch; filling up of all tanks is going on steadily.

The Cantonment Committee offers no remarks.

The Principal Medical Officer of the 3rd (Lahore) Division states that there are a certain number of tanks which should be dealt with.

The most suitable ones should be enlarged and the surrounding ground graded towards them, and the material removed in enlarging them should be utilized for levelling up depressions.

The General Officer Commanding the Ferozepore Brigade, remarks that the defects brought to notice are being remedied as far as funds will allow.

**Jullundur.**—There are a large number of tanks and old quarries, from which in time past clay has been dug up for building purposes.

The Cantonment Committee suggests the extension of the *pucca bazaar* main drain for 3,000 feet further and drainage of pits near brick-fields at an expense of Rs. 6,000.

The Principal Medical Officer of the Sirhind and Jullundur Brigades recommends that the floors of all latrines and urinals used by British Troops should be cemented.

The General Officer Commanding the Jullundur Brigade remarks that it is not worth while to spend any more money on the extension of the *pucca* drain through the brick-fields as it has no fall. He states that the Cantonment Magistrate has put forward a very promising scheme for afforesting the brick-fields which will use up all the water in the drain.

**Amritsar.**—The Durgiana and Sant Ram tanks still exist—Numerous brick-fields near by afford places for collection of water. The wells used for drinking water are situated near the main drain and are liable to be contaminated at any time. The *Gowalmandi Bazaar* on the confines of the Cantonment is extremely filthy and a source of danger to the Cantonment so long as it exists as a slaughtering place for animals of all sorts and without adequate supervision.

The Cantonment Committee remarks that *Gowalmandi Bazaar* could be rendered much less obnoxious if the suggestions of the Deputy Commissioner were carried out. His suggestion is that a slaughter house be built in the Cantonment and under the Committee's control in which all the slaughtering of animals for food could be done. The *Gowalmandi* could still be used for the slaughter of diseased animals. The question is at present hung up on account of the Amritsar Municipality not being willing to provide the requisite funds. The



TABLE V.—*continued.*

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.—contd.

water-supply to the Cantonment is any thing but satisfactory. The wells from which water comes are all very deep having been sunk before the advent of canals. The result is that now they all contain much more water than is necessary, and it is practically impossible to clear them. Unfortunately these wells also are all within a few yards of the main drain.

The Principal Medical Officer of the Sirhind and Jullundur Brigades suggests that the defects as regards the water-supply, the *Gowalmandi Bazaar*, the slaughterhouse, and the drainage have frequently been brought to notice in former reports and should be remedied as soon as possible. The provision of a pipe water-supply to the Cantonment is an urgent necessity.

The General Officer Commanding the Brigade remarks that the points which require attending to are :—

- (a) Remedial sanitary measures around the Fort.
- (b) Question of how to tackle the Fort Moat.
- (c) Piped water-supply.
- (d) Gowalmandi Bazaar.

As regards (a) loyal and whole-hearted financial co-operation by the civil authorities is needed. They should realize that the garrison at Amritsar is maintained purely and solely for political purposes.

(b) The suggestion to run the canal water through the moat appears an admirable one—thereby ensuring a continual flow.

(c) To connect with the Municipal water-supply appears quite simple, as this same supply passes within a few feet of cantonments.

(d) This was within measurable distance of being rectified through a scheme initiated by the Amritsar Municipality and heartily supported by the Military. In the end, however, the municipality backed out of it, owing to the opposition of the Hindu members of that body.

He states that in the interests of sanitation it is most desirable that the civil authorities should bring pressure to bear.

Meerut.—There are some small *jheels* or marshes to the north of the Artillery lines; some large excavations exist and can not be filled in without a very large expenditure of money. The special Medical Officer deputed to investigate the causes of malaria reports that the large tanks are not breeding places for anopheles mosquitoes.

The Senior Medical Officer is of opinion that the whole artillery lines require reconstruction. The whole of the latrines should be pulled down and re-constructed on the opposite side of the lines to the cook-houses. The surface drainage is most defective. The bungalows are far too crowded. Fifty-six cases of enteric fever occurred in 1909 in Meerut amongst the troops, of which 46 came from the Royal Artillery Lines. The lines will never be healthy till they are remodelled.

The Principal Medical Officer of the (Meerut) Division remarks that he agrees with the recommendation made by the Senior Medical Officer that all latrines should be removed from the vicinity of kitchens not only in the Royal Artillery lines but throughout the station and as soon as possible. The presence of dairies and cattle byres in the midst of barracks is most insanitary and a Government dairy under responsible military supervision is an urgent necessity. At present the byres attract and breed flies the dairies are most unsuitable and poor milk (often adulterated) is supplied. The provision of a suitable steam disinfectant is in his opinion an important matter in a station as large as Meerut. The married quarters throughout the station are adapted buildings which are ill-ventilated and do not afford the regulation allowance for families. In the British Cavalry lines the number of quarters is insufficient and the rooms in some instances are crowded. As a new pattern standard type of married quarter building has been authorised, it would appear better to build than to attempt alteration of unsuitable buildings. The Family Hospital is an unsuitable (adapted) building on an extremely bad site and in his opinion it should be rebuilt elsewhere.

The General Officer Commanding the (Meerut) Brigade concurs in the remarks of the Senior Medical Officer but adds that from his experience of former years he is of opinion that the conditions prevailing in the British Cavalry and British Infantry lines are very little better than those in the artillery. There is no free passage of air in any of the lines; buildings much too close to one another stables, barrack rooms, cookhouses and latrines all scattered promiscuously without reference to the buildings next them. Drainage, bad throughout. A Central Government dairy under expert supervision situated at some distance from where the men live is an urgent necessity. Proper supervision under the existing conditions is almost impossible.

Delhi.—There is much marsh land on the riverside of the Fort in Darya Ganj Cantonment. It is understood that the drainage of this land is under consideration.

In Darya Ganj Cantonments the wet conservancy system has been in use. Filth is disposed of on the Municipal Tipping ground outside cantonments.

The Fort drains form a collection of water on the east face of the Fort and the fall in the drains is insufficient. This matter has already been represented. It is not known what action will be taken.

The Cantonment Committee states that all possible suggestions on this subject were made in the Committee Proceedings dated 22nd December 1909 and steps are being taken as quickly as funds and opportunity permit to carry these out.

The Principal Medical Officer of the 7th (Meerut) Division remarks that sanitary defects in (a) disposal of city sewage, (b) condition of *balala* land, (c) drainage within the fort were made the subjects of a joint Civil and Military investigation in December last, and the proposals will be submitted in due course.

Pending action being taken to the above proposals the surface drainage of the interior of the Fort is being reorganized. Absorption plots are being made for the purpose of minimizing the flow of surface water.

Agra.—The main drain from barracks to city, passing down the Lawrence road and past the Station Hospital has some structural defects and a bad outfall.

The sewage farm in close proximity to the Fort assumes the character of a marsh at certain seasons of the year.

Filth carts very deficient in numbers for effective sanitation of the Bazaars. A report and recommendations for provision of more carts is being put forward.

An expenditure of ₹3,342 was incurred on various improvements in the Cantonments and Fort.

The Cantonment Committee make the following suggestions :—

- (1) The pond south of the Rifle range should be treated with kerosine oil.
- (2) The Fort moat should be either drained off or the water periodically removed by means of permanent pumping plant.
- (3) The surface of the ground in the prohibited area of the sewage farm should be levelled.

One of the most pressing sanitary requirements is a more efficient system for the removal and disposal of urine and other decomposing liquids from the Bazaars in Cantonments so as to check soil pollution therein. Arrangements already exist in several of these for disposal of solid excreta by incineration, but foul liquids are not being disposed of satisfactorily.

Southern Army.

Colaba.—A marsh exists on the north west side of the British Infantry Lines, which is a mosquito-breeding ground and is constantly overlooked by the Mosquito-Brigade.

Beef supplied to the British Troops is of poor quality. Constant care has to be taken to ensure good vegetables being sent by the contractor.



# EUROPEAN TROOPS, 1909.

## TABLE V--*concluded.*

*ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.—concl'd.*

An expenditure of Rs23,289 was incurred in carrying out improvements in the lines of British Troops.

The Principal Medical Officer of the Bombay Brigade remarks that the Marine Lines are quite unfit for occupation and the sooner a new site is found for the battalion the better. Not only are the lines themselves bad, but they are in immediate contact with one of the most pestiferous slums in Bombay.

The General Officer Commanding the Bombay Brigade remarks that the condition of the Marine Lines is well known and it is hoped that a new site may soon be selected.

**Madras.**—The water-supply is from the "seven wells." It was said to be contaminated with the *Bacillus coli*.

The meat is of the usual poor quality of a tropical country supply.

The Cantonment Committee makes recommendations (1) for a drainage system, (2) for filling in the Fort ditch and (3) for the introduction of electric light and fans.

The Principal Medical Officer of the 9th (Secunderabad) Division remarks that the more urgent sanitary requirements are being attended to. The special drainage system for the Fort and the installation of electric light have been deferred owing to the want of funds.

The General Officer Commanding the Madras Brigade remarks that he is informed that hopes are entertained that funds may be procured in 1910-11 for the commencement of a new drainage system.

**Rangoon.**—Owing to the small fall of the ground the drainage of the Cantonments is a matter of some difficulty, but on the whole it is satisfactory.

There is insufficient accommodation for married families in the British Infantry Lines, the quarters being old and delapidated.

The night soil is carted away and dumped into the river. This system may have to be stopped at any time should the Rangoon Municipality refuse facilities. A system of incineration is about to be experimented with.

The Cantonment Committee states that the reconstruction of Depot barracks in the British Infantry Lines is a matter that should be taken in hand at once, as during the trooping season especially, these buildings are in constant use and are not fit for human habitation.

The Principal Medical Officer of the (Burma) Division remarks that as regards the disposal of night soil, this has reached a critical stage. The present practice of carting night soil to, and dumping it in the river, besides its inherent objections, is open to the objection that the cantonment has no access to the river except through municipal ground and the municipality may at any time refuse the conservancy carts this access.

The municipality are considering a scheme for extending their sewage system up to cantonment limits. The question is whether the cantonment should link up with the municipal sewage system, or start a complete system of incinerators.

The Family quarters are very poor in accommodation, dark, and scarcely decent. They should be reconstructed at once.

The General Officer Commanding the Rangoon Brigade remarks that the repairs to the Depot Barracks have been sanctioned and Rs6,200 allotted for the purpose by the Superintending Engineer, Rangoon Circle.

The question of disposal of night soil has been taken up separately. Enquiries have been instituted as to the feasibility of starting a steam laundry for the British Troops.

**Aden.**—There is a dual supply of condensed water for drinking and cooking and of aqueduct water for ablution. A dual supply of water is always unsatisfactory. The water is not particularly liable to outside contamination.

The Cantonment Committee states that water drainage for the removal of night soil should be taken in hand as soon as practicable, and the single supply of water proposed from the main land would be most satisfactory.

The Principal Medical Officer of the Aden Brigade states that septic tanks should be taken into use and the effluent drained into the sea.

More attention should be paid to the superficial drainage. At present the hill sides near Royal Garrison Artillery married quarters are being soiled by both bath and sullage water.

The General Officer Commanding the Aden Brigade remarks that experiments have already shown that with the existing intermittent supply of brackish water satisfactory results are not attainable from septic tanks. Under the orders of the Bombay Government a detailed project for the installation of a modern sewage system is being marked out in conjunction with the pipe water-supply for the town, and when this is installed the cantonment will greatly benefit thereby.



# EUROPEAN TROOPS, 1909.

## TABLE VI.

*INFLUENZA by months, stations, groups, and armies.*

## TABLE VII.

*CHOLERA by months, stations, groups, and armies.*

STATIONS* AND GROUPS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.													ADMISSIONS FROM CHOLERA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Bhamo . . . . .	...	...	...	...	I	...	...	...	...	...	...	...	I	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND	...	...	...	...	I	...	...	...	...	...	...	...	I	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Dinapore . . . . .	4	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	I	...	...	...	...	...	...	I
Fyzabad . . . . .	...	...	...	5	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	4	...	...	5	...	...	...	...	...	...	...	...	10	...	...	...	...	...	I	...	...	...	...	...	...	I
A																										
Bareilly . . . . .	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Rurki . . . . .	...	...	...	...	...	...	...	...	...	5	1	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	I	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Amritsar . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lahore Cantonment and Fort	2	1	1	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot . . . . .	...	...	...	23	22	32	13	5	1	...	...	...	96	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawalpindi . . . . .	1	2	1	1	3	7	6	...	...	13	6	1	41	...	...	...	...	...	...	...	...	...	...	...	...	...
Campbellpore and Attock .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA . . . . .	5	3	2	24	26	39	19	6	1	18	7	1	151	...	...	...	...	...	...	...	...	...	...	...	...	...
A																										
Nowshera . . . . .	...	...	...	49	...	3	...	1	...	1	...	...	54	...	...	...	...	...	...	...	...	...	...	...	...	...
Peshawar . . . . .	...	...	...	6	101	40	70	67	30	32	19	...	365	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VII.—NORTH-WEST FRONTIER, IND VALLEY, AND NORTH WESTERN RAJPUTANA	...	...	...	55	101	43	70	68	30	33	19	...	419	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Jhansi . . . . .	1	...	2	1	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Mhow and Indore . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	1	...	2	1	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
A																										
Jubbulpore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Kampti and Sitabaldi . .	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Secunderabad . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Belgaum . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...
Kirkee . . . . .	4	3	2	2	...	...	...	...	...	...	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmednagar . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
GROUP IX.—DECCAN	4	3	2	2	...	...	...	...	...	...	...	...	15	...	...	...	...	...	3	1	...	...	1	5	...	10
Cannanore, Calicut and Malapuram . . . . .	...	...	...	...	...	1	3	2	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP X.—WESTERN COAST	...	...	...	...	...	1	3	2	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...

\* Stations where neither Influenza nor Cholera occurred are not shown in these tables. For the annual ratios, see Table III.



STATIONS,* GROUPS AND ARMIES.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.													ADMISSIONS FROM CHOLERA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Bangalore . . . . .	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
B																										
St. Thomas' Mount . . . . .	..	..	..	..	2	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
GROUP XI.—SOUTHERN INDIA	..	..	..	..	2	..	..	1	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..
Chakrata . . . . .	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Kuldana . . . . .	..	..	..	..	..	3	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..
Camp Barian and Khairagali	..	..	..	4	3	4	..	..	..	1	..	..	12	..	..	..	..	..	..	..	..	..	..	..	..	..
Khan Spur and Ghora Dhaka	..	..	..	4	13	..	..	..	1	..	..	..	18	..	..	..	..	..	..	..	..	..	..	..	..	..
Cherat . . . . .	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Quetta . . . . .	..	..	..	1	..	..	..	..	..	..	..	4	5	..	..	..	..	..	..	..	..	..	..	..	..	..
GROUP XIIa.—HILL STA- TIONS . . . . .	..	..	..	9	16	7	1	..	1	1	1	4	40	..	..	..	..	..	..	..	..	..	..	..	..	..
Naini Tal . . . . .	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Dalhousie . . . . .	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
GROUP XIIb.—HILL CON- VALESCENT DEPÔTS, AND SANITARIA . . . . .	..	..	..	..	1	1	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Troops marching, India . . . . .	1	..	..	..	..	..	..	..	..	..	..	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Deolali Depôt . . . . .	..	..	..	..	..	..	2	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
INDIA . . . . .	15	6	6	96	147	91	95	77	33	52	28	11	657	..	..	..	1	..	4	1	..	..	1	5	..	12
NORTHERN ARMY . . . . .	9	3	2	92	144	90	90	74	32	52	28	1	617	..	..	..	1	..	1	..	..	..	..	..	..	2
SOUTHERN „ . . . . .	5	3	4	4	3	1	5	3	1	..	..	9	38	..	..	..	..	..	3	1	..	..	1	5	..	10

\* Stations where neither Influenza nor Cholera occurred are not shown in these tables For the annual ratios, see Table III.

# EUROPEAN TROOPS, 1909.

## TABLE VIII.

ENTERIC FEVER by months, stations, groups, and armies.

## TABLE IX.

PYREXIA OF UNCERTAIN ORIGIN by months, stations, groups, and armies.

STATIONS* AND GROUPS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.													ADMISSIONS FROM PYREXIA OF UNCERTAIN ORIGIN IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Rangoon and Port Blair . . . . .	2	...	...	...	...	...	...	...	...	...	...	...	2	4	15	50	69	57	68	41	7	7	4	7	5	334
GROUP I.—BURMA COAST AND BAY ISLANDS . . . . .	2	...	...	...	...	...	...	...	...	...	...	...	2	4	15	50	69	57	68	41	7	7	4	7	5	334
Thayetmyo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	2	19	25	8	9	4	5	75
Meiktila . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3	1	1	1	1	1	2	...	...	...	14
Fort Dufferin (Mandalay) . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	1	3	1	1	...	...	...	...	...	...	8
Shwebo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	1	3	15	12	10	15	59
Bhamo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	3	20	10	2	1	...	1	4	44
GROUP II.—BURMA INLAND . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1	2	4	5	4	10	24	32	31	26	23	15	24	200
Forts William, Fulta and Chingrikhal . . . . .	2	1	...	...	1	...	...	...	...	...	...	3	7	2	2	2	4	11	7	21	26	18	17	13	3	126
Dum-Dum . . . . .	4	...	...	1	...	...	1	...	...	...	...	...	6	3	1	1	2	2	6	5	...	6	7	5	2	40
Barrackpore . . . . .	...	...	1	...	...	...	1	...	...	...	1	...	3	...	2	3	2	5	...	6	5	2	1	3	1	30
GROUP IV.—BENGAL AND ORISSA . . . . .	6	1	1	1	1	...	2	...	...	...	1	3	16	5	5	6	8	18	13	32	31	26	25	21	6	196
B . . . . .																										
Dinapore . . . . .	5	...	...	...	2	...	...	2	1	...	1	...	11	7	1	7	29	14	10	6	4	...	17	...	...	95
Benares . . . . .	...	...	1	...	...	...	...	1	...	...	1	...	3	...	...	1	...	2	...	1	2	1	1	...	...	8
Allahabad and Fort . . . . .	...	...	3	1	1	1	...	...	...	...	...	...	6	...	...	...	10	15	16	20	10	9	9	10	...	99
Fyzabad . . . . .	...	...	4	...	3	2	...	...	...	...	1	1	11	...	...	1	3	17	6	1	3	1	7	8	4	51
Sitapur . . . . .	1	...	4	3	1	...	...	...	...	...	...	...	9	7	2	3	1	10	7	15	8	1	...	...	...	54
Lucknow . . . . .	4	1	24	9	10	4	...	2	1	...	...	1	56	2	7	26	46	53	30	8	20	79	97	79	11	463
Cawnpore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	7	12	9	7	4	7	15	24	7	2	98
GROUP V.—GANGES PLAIN AND CHUTIA NAGPUR . . . . .	10	1	36	13	17	7	...	5	2	...	3	2	96	16	14	45	101	125	76	54	53	107	155	105	17	868
A . . . . .																										
Shahjehanpur . . . . .	1	...	3	1	...	...	...	...	...	...	...	...	5	1	...	...	...	...	...	...	...	2	4	13	...	20
Bareilly . . . . .	2	1	1	3	7	...	...	...	...	...	1	1	16	...	2	3	6	35	19	26	28	14	7	...	3	143
Rurki . . . . .	...	...	...	1	...	...	...	...	...	...	...	1	2	...	...	2	...	3	...	1	5	3	6	3	3	26
Meerut . . . . .	6	2	4	7	7	8	2	5	11	...	2	1	56	...	...	...	4	...	15	15	...	1	45	64	18	162
Deoni . . . . .	...	1	...	...	...	...	...	1	...	1	...	...	3	...	...	8	13	15	4	4	...	...	...	...	...	44
Ambala . . . . .	1	1	1	...	1	1	...	1	...	...	...	1	7	6	1	4	5	13	23	14	16	31	22	3	3	141
Jullundur . . . . .	...	...	...	1	1	...	...	1	1	1	...	6	11	...	...	1	...	1	2	2	1	...	1	1	1	10
Ferozepore . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	1	1	1	5	24	23	10	16	25	14	1	5	5	130
Amritsar . . . . .	...	...	...	...	...	...	...	1	...	...	1	1	3	...	1	...	2	4	3	4	3	...	...	...	...	17
Lahore Cantt. and Fort . . . . .	19	3	3	2	2	...	1	...	...	...	...	...	30	3	4	4	12	9	18	20	41	18	16	34	23	202
Sialkot . . . . .	...	...	...	1	4	2	...	3	4	5	2	2	23	...	1	...	5	3	10	3	2	1	1	...	...	26
Rawalpindi . . . . .	5	2	4	3	3	1	...	1	...	1	...	1	21	5	8	4	10	12	19	6	4	5	19	8	4	104
Campbellpore and Attock . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	2	...	...	...	2	3	...	...	...	7
GROUP VI.—UPPER SUB-HIMALAYA . . . . .	34	10	16	19	25	12	3	14	17	9	6	14	179	16	18	31	83	118	123	111	127	90	120	122	73	1,032
A . . . . .																										
Nowshera . . . . .	...	...	...	1	4	4	3	2	1	...	...	...	15	3	1	4	95	52	11	9	13	16	52	68	16	340
Peshawar . . . . .	1	1	...	5	8	1	1	...	...	...	...	1	18	1	1	1	53	9	1	...	1	2	...	...	1	70
Multan . . . . .	...	1	1	5	5	1	2	1	1	...	...	...	17	...	1	2	7	8	18	30	25	23	6	5	...	125
C . . . . .																										
Hyderabad . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	2
Karachi . . . . .	...	1	...	1	...	...	...	...	1	...	1	...	4	1	1	...	...	...	...	...	...	...	...	...	...	2
GROUP VII.—NORTH-WEST FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA . . . . .	1	3	1	12	17	6	6	3	3	...	1	1	54	5	4	7	155	70	30	39	39	41	58	74	17	539

\* Stations where neither Enteric Fever nor Pyrexia of uncertain origin occurred are not shown in these tables. For the annual ratios, see Table III.



STATIONS* AND GROUPS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM PYREXIA OF UNCERTAIN ORIGIN IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
B																										
Neemuch . . . . .	...	...	...	1	...	...	...	...	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Nasirabad and Taragarh . . . . .	1	...	1	...	...	1	...	...	...	1	3	...	7	...	...	...	12	2	...	...	10	9	7	5	6	51
Muttra . . . . .	...	...	...	1	...	...	...	...	...	1	...	...	2	...	1	...	...	2	1	2	10	2	3	1	1	23
Agra and Fatehgarh . . . . .	...	...	2	1	2	...	...	...	...	...	...	...	5	3	6	11	11	6	5	6	4	3	2	1	2	60
Jhansi . . . . .	...	1	1	...	2	...	...	2	...	1	...	1	8	...	...	1	10	4	...	2	...	1	...	1	...	19
Nowgong . . . . .	...	...	...	...	1	...	...	1	1	...	...	...	3	3	...	...	...	7	1	...	...	2	...	...	...	13
Mhow and Indore . . . . .	...	...	...	1	...	...	...	1	2	...	...	1	5	3	...	1	...	...	...	...	3	1	...	...	...	8
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT . . . . .	1	1	4	4	5	1	...	4	4	3	3	2	32	9	7	13	33	21	7	10	24	19	14	7	10	174
A																										
Jubbulpore . . . . .	...	1	6	5	2	...	...	1	1	...	...	...	16	...	...	...	...	...	...	...	...	...	...	...	...	...
Kampti and Sitabaldi . . . . .	...	2	1	1	2	5	1	3	2	1	...	1	19	...	1	...	7	...	...	...	...	...	...	...	...	8
B																										
Secunderabad . . . . .	4	2	6	4	1	...	1	2	...	...	...	...	20	6	...	...	...	...	...	...	...	...	...	...	...	6
Belgaum . . . . .	...	...	1	1	2	2	4	1	...	...	...	1	12	1	1	4	5	5	5	1	2	2	1	1	1	29
Poona . . . . .	2	...	5	1	1	...	8	4	...	4	1	...	26	2	4	11	15	12	10	12	7	6	5	5	2	91
Kirkee . . . . .	...	1	...	2	1	1	3	10	8	1	...	...	27	...	3	6	3	3	...	5	7	9	1	2	...	39
Ahmednagar . . . . .	...	...	2	1	...	1	2	1	...	...	...	...	7	...	1	4	1	...	...	...	...	2	1	1	1	11
GROUP IX.—DECCAN . . . . .	5	6	21	15	9	9	19	22	11	6	1	2	127	9	10	25	31	20	15	18	16	19	8	9	4	184
Colaba . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	4	5	5	12	10	1	2	40
Cannanore, Calicut and Malapuram . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
GROUP X.—WESTERN COAST . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	...	4	5	5	12	10	1	2	41
A																										
Bellary and Ramandroog . . . . .	...	...	1	...	...	...	...	...	1	...	...	...	2	...	1	...	1	...	...	...	1	...	1	...	...	5
Bangalore . . . . .	3	3	8	2	2	1	...	1	1	...	1	2	24	4	5	3	7	6	7	4	7	7	19	17	3	89
B																										
St. Thomas' Mount . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Madras and Poonamallee . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	3	...	...	2	1	1	...	1	10
GROUP XI.—SOUTHERN INDIA . . . . .	3	3	9	2	2	1	...	1	2	...	1	2	26	5	6	3	9	9	7	4	11	8	21	18	4	105
Ranikhet and Chaubuttia . . . . .	...	...	1	3	6	3	1	...	3	1	...	...	18	1	...	1	3	4	4	3	2	2	1	...	...	21
Chakrata . . . . .	...	...	...	1	1	2	1	...	...	...	...	...	5	...	...	1	4	12	7	9	12	3	6	1	...	55
Lebong . . . . .	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...	1	2	...	2	2	3	7	1	1	5	25
Solon . . . . .	...	...	...	...	...	1	1	...	...	...	...	...	2	...	...	...	3	2	...	3	1	1	2	...	...	12
Dagshai . . . . .	...	...	...	1	1	...	...	...	...	...	...	...	2	...	...	1	3	...	4	...	...	3	...	...	...	11
Subathu . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	2	...	...	...	...	2	...	...	...	1	...	...	...	3
Jutogh . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	2
Kuldana . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	4	1	...	...	...	2	2	...	10
Kalabagh and Baragali . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1	...	...	3
Camp Gharial . . . . .	...	...	...	1	1	...	1	...	...	...	...	...	3	...	...	...	1	3	3	2	2	3	2	...	...	16
Camp Barian and Khairagali . . . . .	...	...	...	...	1	2	1	...	...	...	...	...	4	...	...	...	...	1	...	2	...	...	...	...	...	3
Khan Spur and Ghora Dhaka . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	2	...	...	...	...	2	...	1	2	4	...	...	...	9
Cherat . . . . .	...	...	...	...	1	...	1	...	...	...	...	...	2	...	...	...	...	19	5	6	5	2	5	2	...	44
Quetta . . . . .	...	...	...	...	...	1	2	1	4	2	1	3	14	1	...	4	2	1	4	6	28	12	6	2	1	67
Maymyo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	4	4	15	8	...	17	3	5	2	1	2	1	62
GROUP XIIa.—HILL STATIONS . . . . .	...	...	1	6	15	10	8	1	7	3	1	3	55	7	4	23	27	51	47	37	62	40	28	10	7	343
Darjeeling . . . . .	...	...	2	...	...	...	...	...	1	...	...	...	3	...	...	...	2	2	3	1	...	1	...	...	...	9
Naini Tal . . . . .	...	...	...	2	2	1	2	1	...	1	...	...	9	...	...	...	1	3	3	2	1	...	2	1	...	13
Landour . . . . .	...	...	...	2	...	...	1	...	1	...	...	...	4	...	...	...	1	3	3	...	...	...	...	...	...	7
Kasauli . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	1	...	...	1	...	...	...	5
Dalhousie . . . . .	...	...	...	1	3	...	2	...	...	...	...	...	6	...	...	...	2	1	...	...	1	...	1	...	...	5
Murree and Lower and Upper Topas . . . . .	...	...	...	...	1	...	1	...	...	...	...	1	3	...	...	...	2	7	2	4	1	4	2	...	...	22
Mount Abu . . . . .	...	2	...	...	...	...	...	...	1	...	...	...	3	...	...	...	...	1	...	2	...	1	...	...	...	4
Purandhar . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Wellington . . . . .	...	2	...	...	...	...	1	...	3	...	...	...	6	1	2	12	6	11	6	3	5	2	2	...	...	50
GROUP XIIb.—HILL CONVALESCENT DEPÔTS AND SANITARIA . . . . .	...	4	2	5	6	1	7	1	8	1	...	1	36	1	3	12	14	30	18	12	8	9	7	1	...	115

\* Stations where neither Enteric Fever nor Pyrexia of uncertain origin occurred are not shown in these tables. For the annual ratios, see Table III.

EUROPEAN TROOPS, 1909.

TABLE VIII—concluded.

ENTERIC FEVER by months, stations, groups, and armies.

TABLE IX—concluded.

PYREXIA OF UNCERTAIN ORIGIN by months, stations, groups, and armies.

STATIONS,* GROUPS AND ARMIES	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.													ADMISSIONS FROM PYREXIA OF UNCERTAIN ORIGIN IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Troops marching, India	4	...	2	...	...	...	...	...	...	...	4	1	11	10	12	3	4	...	...	...	...	2	19	30	18	98
Deolali Depot	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	4
EXTRA INDIA.																										
Aden	...	...	...	...	...	1	...	...	...	...	1	1	3	2	2	3	6	19	15	11	15	34	39	5	2	153
INDIA																										
	68	29	93	77	97	48	45	52	54	22	22	32	639	91	105	227	548	548	447	406	429	440	531	425	189	4,386
NORTHERN ARMY																										
	51	14	59	57	83	35	23	23	26	12	10	21	414	46	48	104	383	406	286	279	296	301	389	330	121	2,989
SOUTHERN																										
	13	15	32	20	14	13	22	29	28	10	8	10	214	35	45	120	161	142	161	127	133	137	123	65	50	1,299

\* Stations where neither Enteric Fever nor Pyrexia of uncertain origin occurred are not shown in these tables. For the annual ratios, see Table III.



# EUROPEAN TROOPS, 1909.

## TABLE X.

MALARIA by months, stations, groups, and armies.

## TABLE XI.

PNEUMONIA by months, stations, groups, and armies.

STATIONS* AND GROUPS.	ADMISSIONS FROM MALARIA IN EACH MONTH.													ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Rangoon and Port Blair . . . .	9	10	9	9	22	33	29	26	8	6	8	6	175	1	1	...	...	...	...	1	...	...	...	...	...	3
GROUP I.—BURMA COAST AND BAY ISLANDS . . .	9	10	9	9	22	33	29	26	8	6	8	6	175	1	1	...	...	...	...	1	...	...	...	...	...	3
Thayetmyo . . .	1	...	1	1	1	5	2	9	1	3	2	4	30	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila . . .	...	...	...	...	...	...	...	1	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Dufferin (Mandalay) . . .	7	1	1	3	3	5	32	17	5	8	1	2	85	...	...	...	...	...	...	...	1	...	...	...	...	1
Shwebo . . .	3	4	9	2	1	2	2	5	6	5	13	9	61	...	...	1	...	...	...	...	...	...	...	...	...	1
Bhamo . . .	1	3	...	...	1	20	4	2	2	5	14	2	54	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND . . .	12	8	11	6	6	32	40	34	15	21	30	17	232	...	...	1	...	...	...	...	1	...	...	...	...	2
Forts William, Fulta and Chingrikhal . .	23	7	13	13	2	5	2	...	...	...	10	4	79	1	...	...	...	...	1	...	...	...	...	...	...	2
Dum-Dum . . .	1	2	2	3	...	...	3	...	...	1	4	2	18	...	...	...	1	...	...	...	...	...	...	...	...	1
Barrackpore . . .	6	...	4	2	1	2	4	6	6	9	7	4	51	...	...	1	...	1	...	...	...	...	...	...	...	2
GROUP IV.—BENGAL AND ORISSA . .	30	9	19	18	3	7	9	6	6	10	21	10	148	1	...	1	1	1	1	...	...	...	...	...	...	5
B																										
Dinapore . . .	1	1	1	3	2	3	5	10	28	19	5	5	83	...	...	...	...	...	...	...	...	...	...	...	...	...
Benares . . .	1	...	...	...	3	4	2	...	1	1	1	...	13	...	...	...	...	1	...	...	...	...	...	...	...	1
Allahabad and Fort .	8	4	5	8	10	13	10	12	17	23	22	9	141	...	...	...	...	1	...	...	...	...	1	1	...	3
Fyzabad . . .	...	...	2	4	2	4	6	4	2	3	7	2	36	...	...	1	...	...	...	...	...	1	...	...	1	3
Sitapur . . .	...	1	...	1	2	...	3	3	8	2	...	...	20	...	1	...	...	...	...	...	...	...	...	...	...	1
Lucknow . . .	8	12	31	27	20	19	45	38	48	34	46	26	354	1	1	...	1	1	2	...	1	1	...	1	...	9
Cawnpore . . .	9	4	10	24	33	39	15	9	5	20	12	3	183	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR .	27	22	49	67	72	82	86	76	109	102	93	45	830	1	3	...	1	2	3	...	1	2	...	1	3	17
A																										
Shahjehanpur . . .	3	2	4	1	...	...	...	...	...	...	...	17	27	...	...	...	...	...	...	...	...	...	...	...	...	...
Bareilly . . .	6	2	1	10	11	8	34	18	36	22	11	2	161	...	...	2	...	...	...	1	1	...	...	...	...	4
Rurki . . .	3	...	...	2	9	1	...	4	8	16	12	2	57	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut . . .	95	38	36	62	106	49	185	235	249	158	56	28	1,297	3	1	2	...	...	1	1	...	...	...	1	...	9
Delhi . . .	30	14	9	12	24	19	21	48	43	27	20	11	278	...	...	...	...	...	...	1	...	...	...	...	...	1
Ambala . . .	33	20	19	9	9	9	5	11	13	24	14	11	177	3	2	2	...	...	...	1	...	...	...	4	...	12
B																										
Jullundur . . .	47	35	40	24	8	7	6	1	2	19	40	26	255	...	...	...	...	...	...	...	...	...	1	2	...	3
Ferozepore . . .	56	29	37	44	25	57	91	67	40	104	55	41	646	...	...	3	...	...	...	...	...	...	...	...	...	3
Amritsar . . .	5	1	1	2	12	12	9	6	4	12	10	9	83	...	...	...	...	...	...	...	...	...	...	...	...	...
Lahore Cantonment and Fort . . .	17	4	14	23	9	15	15	32	22	42	46	27	266	4	6	4	1	...	...	1	...	...	...	1	...	17
Sialkot . . .	26	10	11	29	40	55	47	34	51	27	34	10	374	1	...	...	...	1	...	...	...	...	...	...	...	2
Rawalpindi . . .	32	10	51	30	15	14	42	108	67	45	46	44	510	...	...	1	...	...	...	1	...	...	...	3	...	5
Campbellpore and Attock . . .	11	9	7	1	6	17	13	6	10	18	13	7	118	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA . .	364	174	230	255	274	263	468	570	545	514	357	235	4,249	11	9	14	1	1	1	6	1	...	...	1	11	56
A																										
Nowshera . . .	25	11	10	2	4	6	2	2	4	1	1	36	104	1	...	...	...	...	...	1	...	...	...	1	...	3
Peshawar . . .	139	43	39	76	31	55	21	41	79	115	137	99	875	1	1	...	2	3	...	1	...	...	...	...	3	11
Multan . . .	23	6	8	11	19	21	19	58	77	136	59	23	460	1	...	1	1	...	...	...	...	...	...	...	...	3
C																										
Hyderabad . . .	21	4	5	10	13	9	12	9	9	10	41	34	177	...	...	...	...	...	...	...	...	...	...	...	...	...
Karachi . . .	12	7	11	15	13	12	25	35	25	23	36	17	231	...	...	...	...	...	1	...	...	...	...	...	...	1
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY AND N.-W. RAJPUTANA . .	220	71	73	114	80	103	79	145	194	285	274	209	1,847	3	1	1	3	3	1	2	...	...	...	1	3	18

\* Stations where neither Malaria nor Pneumonia occurred are not shown in these table. For the annual ratios, see Table III.



# EUROPEAN TROOPS, 1909.

## TABLE X—continued.

MALARIA by months, stations, groups, and armies.

## TABLE XI—continued.

PNEUMONIA by months, stations, groups, and armies.

STATIONS* AND GROUPS.	ADMISSIONS FROM MALARIA IN EACH MONTH.													ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
B																										
Neemuch	3	3	3	2	5	1	4	2	7	10	1	...	41	...	...	...	...	...	...	...	...	...	...	...	...	...
Nasirabad and Taragarh.	7	4	8	5	2	2	7	18	27	28	15	11	134	...	1	...	...	...	...	...	...	...	...	...	2	3
Muttra	53	24	14	5	1	2	2	6	2	3	16	8	136	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra and Fatehgarh	31	21	36	43	59	58	104	110	60	61	64	48	695	...	...	...	...	...	...	...	...	...	...	...	1	1
Jhansi	31	4	11	14	18	36	13	55	54	53	40	12	341	...	...	...	...	...	...	...	...	...	...	1	1	
Nowgong	1	3	4	8	3	12	10	8	4	19	12	4	88	...	1	1	...	...	...	...	1	...	...	...	...	3
Mhow and Indore	44	28	50	43	83	55	90	114	149	103	89	87	935	...	...	...	...	...	...	1	...	...	...	2	3	
GROUP VIII.—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT	170	87	126	120	171	166	230	313	303	277	237	170	2,370	...	2	1	...	...	...	1	1	...	...	...	6	11
A																										
Jubbulpore	21	25	25	31	50	42	68	19	36	65	36	9	427	...	1	...	...	...	1	...	...	...	1	...	...	3
Kampti and Sitabaldi	1	9	9	7	19	24	49	18	8	10	9	4	167	1	...	...	1	...	...	...	...	...	...	...	...	2
B																										
Secunderabad.	8	1	1	5	5	4	1	3	...	...	1	1	30	1	...	3	...	...	1	...	1	...	...	...	...	6
Belgaum.	1	...	2	...	1	2	4	...	1	...	6	2	19	...	...	1	...	...	2	...	...	...	...	...	...	3
Poona	17	7	16	21	26	41	37	20	18	12	8	6	229	...	2	2	...	1	...	...	...	...	...	...	1	6
Kirkee	8	11	8	6	6	8	19	12	6	4	9	13	110	...	1	...	1	...	...	...	...	...	...	...	1	3
Ahmednagar	18	5	14	18	5	8	2	7	9	4	1	1	92	...	...	...	1	...	1	...	...	...	...	1	1	4
GROUP IX.—DECCAN	74	58	75	88	112	129	180	79	78	95	70	36	1,074	2	4	6	3	1	5	...	1	...	1	1	3	27
A																										
Colaba and Khandalla	18	16	21	28	40	32	17	20	23	19	44	26	304	2	...	...	...	1	...	...	...	...	...	...	...	3
Cannanore, Calicut and Malapuram	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP X.—WESTERN COAST	18	16	21	28	40	32	18	20	23	19	44	26	305	2	...	...	...	1	...	...	...	...	...	...	...	3
A																										
Bellary and Ramadroog.	3	...	10	2	2	2	3	1	1	8	2	1	35	...	...	...	...	...	...	...	...	...	...	...	...	...
Bangalore	3	6	7	3	5	6	11	4	1	2	6	8	62	...	1	...	6	3	2	...	...	...	...	...	...	12
B																										
St. Thomas' Mount.	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	1
Madras and Poona-mallee.	...	...	5	3	...	4	17	6	5	2	3	1	46	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XI.—SOUTHERN INDIA	6	6	22	8	7	12	31	11	7	12	12	10	144	...	2	...	6	3	2	...	...	...	...	...	...	13
A																										
Ranikhet and Chauttia	1	1	4	32	18	12	12	26	4	16	5	...	131	...	2	...	...	...	...	...	...	...	...	...	...	2
Chakrata	4	...	...	5	12	14	15	20	17	17	11	11	126	...	...	...	...	...	...	...	...	...	...	...	...	...
Lebong	2	1	3	...	...	1	2	...	4	1	4	1	19	...	...	1	...	...	...	...	...	...	...	...	...	1
Solon	...	...	...	1	2	4	5	6	1	2	...	...	21	...	...	...	...	...	...	...	...	...	1	...	...	1
Dagshai	1	...	1	5	8	7	8	6	1	6	3	3	49	...	...	...	...	...	...	...	...	...	...	...	...	...
Subathu	...	...	...	1	...	...	1	...	5	2	13	...	22	...	...	...	...	...	...	1	...	...	...	...	...	1
Jutogh	...	...	...	1	6	1	11	8	8	5	...	...	40	...	...	...	...	...	...	...	...	...	...	...	...	...
Kuldana	...	...	...	...	1	1	1	6	4	4	...	...	17	...	...	...	...	...	...	...	...	...	1	...	...	1
Kalabagh and Baragali	...	...	...	...	...	...	...	1	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Camp Gharial	...	...	...	24	31	33	22	15	5	3	2	...	135	...	...	...	...	...	2	...	...	...	1	...	...	3
Barian and Khairagali	...	...	...	...	13	10	10	13	4	4	...	...	54	...	...	...	...	...	...	...	...	...	...	...	...	...
Khan Spur and Ghora Dhaka.	...	...	...	2	4	18	12	0	11	1	...	...	54	...	...	...	1	1	...	...	...	...	...	...	...	2
Cherat	...	...	...	...	42	33	56	38	15	40	14	...	238	...	...	...	...	...	1	1	...	...	...	...	...	2
Quetta	4	5	5	7	6	12	12	43	49	24	20	12	199	1	1	...	2	...	1	1	1	1	...	1	3	12
Maymyo	...	5	30	40	54	37	29	13	7	5	...	...	220	1	...	...	...	...	...	...	...	1	...	...	...	2
GROUP XIIa.—HILL STATIONS	12	12	43	118	197	183	196	201	136	130	72	27	1,327	2	3	1	2	1	4	2	3	2	2	2	3	17

\* Stations where neither Malaria nor Pneumonia occurred are not shown in these tables. For the annual ratios, see Table III.



STATIONS,* GROUPS, AND ARMIES.	ADMISSIONS FROM MALARIA IN EACH MONTH.													ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Darjeeling . . .	..	..	2	6	10	9	4	3	7	3	2	..	46	..	..	..	..	..	..	..	..	..	..	..	..	..
Naini Tal . . .	..	..	..	..	1	6	4	3	4	5	..	..	23	..	..	1	..	..	..	..	..	..	..	..	..	2
Landour . . . .	..	..	..	8	13	28	34	17	19	24	10	..	153	..	..	..	..	..	..	..	..	1	..	..	..	1
Kasauli . . . .	12	12	4	8	9	14	11	12	3	1	7	25	118	..	..	..	1	..	..	..	..	..	..	1	..	2
Dalhousie . . .	5	3	6	32	35	21	15	18	14	12	1	..	162	..	..	..	..	2	..	..	2	..	..	..	..	4
Murree and Lower and Upper Topas .	..	..	..	1	14	17	19	17	23	9	5	..	105	..	..	..	..	..	..	..	..	..	..	..	..	..
Mount Abu . . .	1	4	2	4	4	8	3	..	..	2	4	3	35	1	..	..	..	1	..	..	..	..	..	..	..	2
Pachmarhi . . .	..	..	1	10	3	4	7	7	5	4	7	..	48	..	..	..	..	..	..	..	..	..	..	..	..	..
Purandhar . . .	..	..	1	1	8	8	9	1	..	..	4	2	34	..	..	..	..	..	..	..	..	..	..	..	..	..
Wellington . . .	5	..	5	12	14	16	8	13	15	6	7	1	102	..	..	..	1	..	1	2	1	..	..	..	..	5
GROUP XIIb.—HILL CONVALESCENT DEPÔTS, AND SANITARIA . . .	23	19	21	82	111	131	114	91	90	66	47	31	826	1	..	1	2	3	1	2	4	..	1	..	1	16
Troops marching, India . . . . .	13	4	4	13	2	2	..	..	7	14	145	86	290	1	..	1	..	..	..	..	..	..	..	4	4	10
Deolali Depôt . .	15	16	27	27	35	14	42	26	8	4	3	7	224	..	..	..	..	..	..	..	..	..	..	1	..	1
EXTRA INDIA.																										
Aden . . . . .	30	18	19	32	53	62	81	68	40	25	25	17	470	..	..	..	..	..	..	..	..	..	..	..	..	..
INDIA . . . . .	1,023	530	749	985	1,185	1,251	1,603	1,666	1,569	1,580	1,438	932	14,511	25	25	27	19	16	18	14	11	5	4	10	35	209
Northern Army . .	717	327	425	603	682	723	953	1,084	1,032	1,097	825	544	9,012	16	15	18	7	10	8	9	7	2	3	4	19	118
Southern „ . . .	293	199	320	369	501	526	650	582	530	469	468	302	5,209	8	10	8	12	6	10	5	4	3	1	2	12	81

\* Stations where neither Malaria nor Pneumonia occurred are not shown in these tables. For the annual ratios, see Table III.

TABLE XII.

DYSENTERY by months, stations, groups, and armies.

STATIONS* AND GROUPS.	ADMISSIONS FROM DYSENTERY IN EACH MONTH.												TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Rangoon and Port Blair . . . . .	...	2	...	5	1	5	2	1	2	...	2	6	26
GROUP I.—BURMA COAST AND BAY ISLANDS . . . . .	...	2	...	5	1	5	2	1	2	...	2	6	26
Thayetmyo . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1
Meiktila . . . . .	...	1	1	...	...	...	2	1	...	...	...	...	5
Fort Dufferin (Mandalay) . . . . .	1	...	...	...	1	...	...	...	1	1	1	...	5
Shwebo . . . . .	1	...	...	...	...	...	2	...	1	...	1	...	5
Bhamo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND . . . . .	2	1	1	...	1	...	4	2	2	1	2	...	16
Forts William, Fulta and Chingrikhal . . . . .	1	6	...	...	1	2	2	2	1	...	2	1	18
Dum-Dum . . . . .	...	...	...	...	...	...	...	3	...	1	...	...	4
Barrackpore . . . . .	...	1	...	...	...	...	2	2	1	...	1	1	8
GROUP IV.—BENGAL AND ORISSA . . . . .	1	7	...	...	1	2	4	7	2	1	3	2	30
B													
Dinapore . . . . .	...	...	...	...	1	...	2	1	2	1	1	1	9
Benares . . . . .	...	...	...	...	1	...	...	...	1	...	...	...	2
Allahabad and Fort Fyzabad . . . . .	...	...	1	...	...	...	...	...	2	...	2	2	7
Sitapur . . . . .	...	...	...	...	...	...	...	1	...	2	2	...	6
Lucknow . . . . .	5	5	11	7	3	4	4	11	2	4	3	2	61
Cawnpore . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . . . .	5	5	14	7	5	4	6	14	7	7	8	5	87
A													
Shahjeha . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Bareilly . . . . .	...	1	1	...	3	1	...	...	...	1	1	...	8
Rurki . . . . .	...	...	...	...	2	1	...	...	...	...	1	...	4
Meerut . . . . .	4	1	1	7	9	4	1	1	4	3	4	3	42
Delhi . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Ambala . . . . .	4	1	3	1	4	...	...	1	1	...	...	5	20
B													
Jullundur . . . . .	...	...	...	...	...	...	...	2	1	1	2	...	6
Ferozepore . . . . .	...	1	...	1	1	2	...	2	1	...	...	...	8
Amritsar . . . . .	...	...	...	...	...	...	...	...	1	1	...	...	2
Lahore Cantonment and Fort Sialkot . . . . .	2	2	2	2	3	...	...	...	4	2	5	1	23
Rawalpindi . . . . .	1	...	...	1	...	...	...	1	2	...	...	...	5
Campbellpore and Attock . . . . .	...	1	...	6	1	2	1	1	3	5	1	3	24
GROUP VI.—UPPER SUB-HIMALAYA . . . . .	1	...	...	1	...	...	2	...	1	1	1	...	7
A													
Nowshera . . . . .	...	...	...	...	...	...	...	2	...	2	1	...	5
Peshawar . . . . .	1	1	...	1	2	1	1	2	...	...	...	3	12
Multan . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	1
C													
Hyderabad . . . . .	...	...	...	1	1	...	1	1	...	...	1	...	5
Karachi . . . . .	3	...	1	...	2	...	...	1	1	...	...	...	8
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N. W. RAJPUTANA . . . . .	4	1	1	2	5	1	2	6	2	2	2	3	31
B													
Neemuch . . . . .	1	...	...	...	...	...	...	...	2	...	...	...	3
Nasirabad and Taragarh . . . . .	...	1	1	2	1	...	...	...	...	...	...	...	5
Muttra . . . . .	...	...	...	...	...	...	...	2	...	...	...	...	2
Agra and Fatehgarh . . . . .	...	2	2	...	...	...	...	3	1	1	...	1	10
Jhansi . . . . .	1	1	...	1	1	1	3	1	...	...	...	...	9
Nowgong . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1
Mhow and Indore . . . . .	1	7	4	3	2	2	1	4	3	...	...	1	28
GROUP VIII.—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT . . . . .	3	11	8	6	4	3	4	10	6	1	...	2	58

TABLE XIII.

DIARRHŒA by months, stations, groups, and armies.

STATIONS* AND GROUPS.	ADMISSIONS FROM DIARRHŒA IN EACH MONTH.												TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Rangoon and Port Blair . . . . .	...	...	...	...	...	4	1	2	1	1	1	3	13
GROUP I.—BURMA COAST AND BAY ISLANDS . . . . .	...	...	...	...	...	4	1	2	1	1	1	3	13
Thayetmyo . . . . .	...	...	...	...	...	1	...	...	...	...	...	1	2
Meiktila . . . . .	...	...	...	...	1	...	...	...	...	1	...	...	2
Fort Dufferin (Mandalay) . . . . .	...	...	...	1	...	...	...	1	...	...	...	...	2
Shwebo . . . . .	...	...	...	5	2	1	3	2	...	1	...	2	16
Bhamo . . . . .	...	...	...	...	...	3	...	...	...	...	...	...	3
GROUP II.—BURMA INLAND . . . . .	...	...	...	6	3	5	3	3	...	2	...	3	25
Forts William, Fulta and Chingrikhal . . . . .	6	...	...	...	1	...	1	...	3	1	1	1	14
Dum-Dum . . . . .	1	...	2	...	2	1	2	7	1	3	1	2	22
Barrackpore . . . . .	...	...	1	...	...	...	...	1	1	...	1	3	7
GROUP IV.—BENGAL AND ORISSA . . . . .	7	...	3	...	3	1	3	8	5	4	3	6	43
B													
Dinapore . . . . .	...	...	...	...	...	...	...	1	...	2	2	...	5
Benares . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad and Fort Fyzabad . . . . .	1	1	1	...	...	...	1	...	1	1	...	1	7
Sitapur . . . . .	...	...	2	1	5	5	4	1	...	...	1	...	19
Lucknow . . . . .	...	1	...	...	1	...	...	...	...	...	...	...	2
Cawnpore . . . . .	2	3	4	...	1	...	1	2	...	4	2	3	22
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . . . .	...	...	2	1	...	1	...	1	1	1	2	...	9
A													
Shahjeha . . . . .	...	...	...	...	...	...	...	...	...	...	6	3	9
Bareilly . . . . .	1	...	...	2	1	...	4	3	6	1	...	...	18
Rurki . . . . .	...	...	...	1	...	...	...	...	...	2	2	...	5
Meerut . . . . .	2	2	6	2	1	...	1	5	4	1	1	3	28
Delhi . . . . .	2	...	3	...	...	...	1	4	3	1	...	...	14
Ambala . . . . .	5	2	3	6	1	1	...	1	1	...	...	2	22
B													
Jullundur . . . . .	...	...	...	1	1	...	...	2	2	...	...	...	6
Ferozepore . . . . .	...	...	...	1	...	...	...	1	...	1	...	...	3
Amritsar . . . . .	...	...	...	...	1	1	...	1	1	...	...	...	5
Lahore Cantonment and Fort Sialkot . . . . .	...	...	1	5	2	...	1	1	4	2	2	5	23
Rawalpindi . . . . .	2	2	...	5	...	...	...	6	3	4	...	3	25
Campbellpore and Attock . . . . .	1	3	1	1	...	4	1	1	3	2	1	3	21
GROUP VI.—UPPER SUB-HIMALAYA . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
A													
Nowshera . . . . .	...	1	1	3	...	1	...	...	...	...	...	...	6
Peshawar . . . . .	1	2	1	8	2	2	2	2	4	1	5	4	34
Multan . . . . .	...	...	...	4	...	...	...	...	...	...	1	2	7
C													
Hyderabad . . . . .	1	...	...	...	...	...	...	...	...	1	...	...	2
Karachi . . . . .	2	2	2	...	...	3	2	3	4	...	...	...	18
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N. W. RAJPUTANA . . . . .	4	5	4	15	2	6	4	5	8	2	6	6	67
B													
Neemuch . . . . .	...	1	...	1	...	...	...	...	...	2	...	...	4
Nasirabad and Taragarh . . . . .	1	2	1	4	...	...	...	1	2	1	8	1	21
Muttra . . . . .	...	...	...	1	1	...	...	...	...	...	1	1	5
Agra and Fatehgarh . . . . .	1	3	2	1	1	...	...	...	...	1	...	1	9
Jhansi . . . . .	2	...	1	1	3	1	...	1	...	...	...	1	10
Nowgong . . . . .	...	...	...	...	1	...	...	...	...	1	...	1	3
Mhow and Indore . . . . .	6	3	2	...	4	2	8	5	...	1	...	4	35
GROUP VIII.—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT . . . . .	13	8	5	8	9	3	8	7	4	4	9	9	87

\* Stations where neither Dysentery nor Diarrhoea occurred are not shown in these tables. For the annual ratios, see Table III.



DYSENTERY by months, stations, groups, and armies.

DIARRHŒA by months, stations, groups, and armies.

STATIONS*, GROUPS AND ARMIES.	ADMISSIONS FROM DYSENTERY IN EACH MONTH.													ADMISSIONS FROM DIARRHŒA IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
<b>A</b>																											
Jubbulpore . . . . .	4	1	3	1	...	2	...	2	2	...	1	1	17	...	...	...	3	1	...	...	...	...	...	...	...	...	4
Kampti and Sitabaldi . . . . .	...	4	...	1	...	1	4	...	...	...	1	...	11	...	...	1	1	...	2	...	3	...	...	...	...	...	7
<b>B</b>																											
Secunderabad . . . . .	4	1	1	2	1	3	1	4	1	...	...	1	19	1	...	1	...	2	...	2	1	...	...	...	...	...	7
Belgaum . . . . .	1	1	...	1	...	...	2	1	...	...	...	...	6	...	...	1	2	1	...	4	...	1	...	...	2	11	
Poona . . . . .	2	3	...	1	1	1	4	8	1	4	2	1	28	1	1	2	1	2	6	10	6	5	1	...	...	35	
Kirkee . . . . .	...	7	5	1	...	2	4	8	3	4	...	...	34	...	...	2	...	2	2	...	...	...	3	...	...	9	
Ahmednagar . . . . .	...	1	...	...	...	...	1	3	1	...	...	...	6	10	1	...	1	...	4	...	2	1	...	...	...	19	
GROUP IX.—DECCAN . . . . .	11	18	9	7	2	9	16	26	8	8	4	3	121	12	2	7	8	6	10	22	10	8	2	3	2	92	
Colaba and Khandalla . . . . .	6	1	1	2	2	...	...	...	...	1	4	1	18	...	...	...	...	...	3	...	1	...	...	...	...	4	
Caananore, Calicut and Malapuram . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	...	...	...	...	3	
GROUP X.—WESTERN COAST . . . . .	6	1	1	2	2	...	...	...	...	1	4	1	18	...	1	1	...	...	...	3	...	2	...	...	...	7	
<b>A</b>																											
Bellary and Ramandroog . . . . .	...	...	...	...	2	...	...	1	1	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	
Bangalore . . . . .	4	6	6	5	5	4	4	6	4	1	4	3	52	6	8	8	2	7	3	4	3	4	2	4	3	54	
<b>B</b>																											
St. Thomas' Mount . . . . .	...	...	...	1	...	...	...	...	...	2	3	3	9	...	...	...	...	...	...	1	1	...	...	...	...	2	
Madras and Poonamalle . . . . .	2	4	...	...	...	3	4	...	...	1	...	...	14	...	...	...	2	...	...	...	1	1	...	...	...	4	
GROUP XI.—SOUTHERN INDIA . . . . .	6	11	6	6	7	7	8	7	5	4	7	6	80	6	8	8	4	7	3	4	5	6	2	4	3	60	
Ranikhet and Chaubuttia . . . . .	...	...	...	4	...	2	...	2	1	1	...	...	10	...	...	1	1	3	2	2	2	1	...	...	...	12	
Chakrata . . . . .	...	...	...	3	1	1	...	2	1	1	...	...	9	...	...	...	9	2	1	1	3	1	2	...	1	20	
Lebong . . . . .	...	...	...	1	...	2	...	1	1	...	...	...	5	...	...	1	...	3	1	3	2	...	1	...	...	12	
Solon . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	
Dagshai . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...	...	...	...	...	4	
Subathu . . . . .	...	...	...	...	...	2	...	...	1	1	2	...	6	...	...	...	...	...	1	...	...	...	...	...	...	1	
Jutogh . . . . .	...	...	...	...	1	...	...	3	1	2	...	...	7	...	...	...	1	...	1	1	2	2	...	...	...	7	
Kalabagh and Baragali . . . . .	...	...	...	...	...	1	...	...	...	1	...	...	2	...	...	...	...	1	...	...	...	1	...	...	...	2	
Camp Gharial . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	2	...	1	1	...	1	...	...	...	5	
„ Barian and Khairagali . . . . .	...	...	...	1	2	1	...	2	...	1	...	...	7	...	...	...	2	2	3	2	...	1	1	1	...	12	
Cherat . . . . .	...	...	...	...	...	1	...	1	2	...	...	...	4	...	...	...	...	6	4	3	1	...	1	...	...	15	
Quetta . . . . .	...	...	...	...	...	...	2	4	3	1	...	...	10	1	...	...	1	1	...	...	3	6	1	2	...	15	
Maymyo . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	1	1	2	2	2	3	4	1	...	1	...	...	17	
GROUP XII a.—HILL STATIONS . . . . .	1	...	...	10	4	10	2	15	10	8	2	...	62	2	1	4	20	20	16	20	11	8	16	2	3	123	
Darjeeling . . . . .	...	...	...	1	1	3	...	...	...	1	...	...	6	...	...	2	...	...	1	3	2	...	...	...	...	8	
Naini Tal . . . . .	...	...	...	...	2	...	1	...	...	...	...	...	3	...	...	...	1	1	...	1	1	...	...	...	...	4	
Landour . . . . .	...	...	...	...	1	1	2	...	...	1	...	...	5	...	...	...	1	1	1	...	1	1	...	...	...	6	
Kasauli . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	2	1	1	...	...	1	1	...	1	7	
Dalhousie . . . . .	...	...	...	2	6	1	3	3	3	1	...	...	19	...	...	...	1	...	...	...	...	...	...	...	...	1	
Mutree and Lower and Upper Topas . . . . .	...	...	...	...	2	...	...	...	...	1	...	...	3	...	...	...	3	1	...	...	1	5	...	...	...	10	
Mount Abu . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	3	1	...	...	...	1	8	
Pachmarhi . . . . .	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	1	
Purandhur . . . . .	...	...	...	...	1	...	...	1	1	...	...	...	3	...	...	...	...	...	1	...	...	1	1	...	...	3	
Wellington . . . . .	...	...	1	3	...	2	1	1	...	...	...	1	9	2	1	...	2	6	...	...	...	1	...	...	...	12	
GROUP XII b.—HILL CONVALESCENT DEPÔTS, AND SANITARIA . . . . .	...	...	1	6	13	8	7	5	4	4	...	2	50	2	2	2	9	12	5	7	6	9	3	1	2	60	
Troops Marching, India . . . . .	5	6	3	...	...	...	...	...	...	2	24	11	51	11	5	4	...	...	...	...	...	...	8	3	...	31	
Deolali Depôt . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1	...	...	...	...	...	3	
EXTRA INDIA.																											
Aden . . . . .	1	3	...	1	...	...	5	...	6	2	2	2	22	8	2	3	6	5	4	2	4	3	1	3	3	44	
INDIA . . . . .	57	73	51	71	68	59	64	101	71	55	76	55	801	82	48	64	102	82	69	92	91	83	59	59	67	898	
NORTHERN ARMY . . . . .	19	22	23	40	47	32	21	52	38	36	30	24	384	28	19	33	67	41	33	38	55	52	38	30	40	474	
SOUTHERN ARMY . . . . .	33	45	25	31	21	27	43	49	33	17	22	20	366	43	24	27	35	41	36	54	36	31	21	21	24	393	

\* Stations where neither Dysentery nor Diarrhœa occurred are not shown in these tables. For the annual ratios, see Table III.



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## TABLE XV.

B.—CHANGE of PERSONNEL, YOUTHFULNESS, RECENT ARRIVAL, and MARRIAGE, in relation to VENEREAL DISEASE and ENTERIC FEVER.

YEAR.	ARRIVED IN INDIA.*		YEAR.	PER CENT. OF STRENGTH.			Strength.	RATIO PER 1,000.			RATIO PER CENT. OF TOTAL ADMISSION.	
	Men.	Women.		Age.	Length of residence.	Married. ‡		Admissions.			Venereal Diseases.	Enteric Fever.
								Under 25 years.	Under 5 years.	All causes.		
1879-80 . . .	13,342	612	1879	39	61	6·63	59,082	1,871·2	234·8	8·0	12·55	·43
1880-81 . . .	13,165	664	1880	41	65	6·36	59,717	1,754·2	249·7	7·9	14·23	·45
1881-82 . . .	9,895	349	1881	43	70	5·94	58,728	1,604·6	260·5	5·6	16·23	·35
1882-83 . . .	9,748	325	1882	41	72	5·43	57,269	1,444·9	265·2	6·2	18·35	·43
1883-84 . . .	12,525	433	1883	41	75	5·20	55,525	1,335·7	270·3	7·7	20·23	·58
1884-85 . . .	11,822	393	1884	45	75	5·05	54,996	1,513·4	293·9	11·7	19·42	·77
1885-86 . . .	17,766	508	1885	48	73	4·23	56,967	1,532·7	342·7	11·2	22·36	·73
1886-87 . . .	11,645	372	1886	52	75	3·90	61,015	1,513·9	389·5	18·1	25·73	1·20
1887-88 . . .	11,729	459	1887	52	73	3·84	63,515	1,369·7	361·2	12·7	26·37	·93
1888-89 . . .	12,407	506	1888	50	76	3·65	68,887	1,381·7	370·6	13·6	26·82	·99
1889-90 . . .	12,270	532	1889	49	78	3·60	69,266	1,498·0	481·5	22·9	32·14	1·53
1890-91 . . .	14,046	542	1890	50	80	3·70	67,823	1,520·2	503·5	18·5	33·12	1·22
1891-92 . . .	15,456	529	1891	51	79	3·36	67,030	1,379·1	400·7	20·4	29·06	1·48
1892-93 . . .	15,894	540	1892	51	80	3·29	68,137	1,517·3	409·9	22·1	27·01	1·46
1893-94 . . .	15,090	482	1893	53	79	3·29	70,091	1,414·9	466·0	20·0	32·94	1·41
1894-95 . . .	15,957	517	1894	54	81	...†	71,082	1,508·0	511·4	20·9	33·91	1·38
1895-96 . . .	14,346	654	1895	55	83	...	71,031	1,461·8	522·3	26·3	35·73	1·80
1896-97 . . .	14,805	545	1896	56	82	...	70,484	1,386·7	511·6	25·5	36·89	1·84
1897-98 . . .	16,227	543	1897	55	84	...	68,395	1,556·9	485·7	32·4	31·20	2·08
1898-99 . . .	16,911	648	1898	54	81	...	67,741	1,436·9	362·9	36·9	25·26	2·57
1899-1900 . . .	3,369	168	1899	53	78	...	67,697	1,148·7	313·4	20·6	27·28	1·79
1900-01 . . .	5,958	185	1900	45	69	...	60,553	1,143·2	298·1	16·0	26·07	1·40
1901-02 . . .	18,594	438	1901	42	63	...	60,838	1,104·3	276·0	12·8	24·99	1·16
1902-03 . . .	24,840	961	1902	43	68	...	60,540	1,078·4	281·4	16·7	26·09	1·55
1903-04 . . .	15,126	758	1903	51	76	...	70,445	1,033·4	247·0	19·6	23·90	1·90
1904-05 . . .	16,366	820	1904	52	80	...	71,083	900·4	198·5	19·6	22·05	2·18
1905-06 . . .	15,178	804	1905	52	84	...	71,343	834·3	153·7	16·1	18·42	1·93
1906-07 . . .	18,636	912	1906	51	84	...	70,272	870·8	117·3	15·6	13·47	1·79
1907-08 . . .	16,083	1,049	1907	...†	...†	...	69,332	756·4	89·9	13·1	11·89	1·74
1908-09 . . .	17,182	1,130	1908	...†	...†	...	68,933	839·5	69·6	14·5	8·30	1·73
1909-10 . . .	14,830	992	1909	...†	...†	...	71,556	716·9	67·8	8·9	9·46	1·25

\*In ordinary years the departures plus the deaths nearly balance the arrivals.

† Return abolished.

‡ On the 1st May of each year.



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TABLE XVIII.

STATISTICS OF OFFICERS.

A.—SICKNESS and MORTALITY among OFFICERS of the BRITISH ARMY in 1909.

STRENGTH . . . . .	Northern Army.		Southern Army.		India.*	
	1,144		1,037		2,296	
	32		18		50	
CASES REMAINING FROM 1908 . . . . .	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.
CONSTANTLY SICK . . . . .	25·7	29·35	24·5	25·38	24·0	54·77
INVALIDINGS . . . . .	17·48	20	20·25	21	17·86	41
ADMISSIONS.						
Influenza . . . . .	19·2	22	9·6	10	14·4	33
Cholera . . . . .	...	...	...	...	...	...
Small-pox . . . . .	...	...	1·9	2	·9	2
Enteric Fever . . . . .	14·9	17	13·5	14	13·9	32
Malaria . . . . .	90·9	104	100·3	104	91·0	209
Pyrexia of uncertain origin . . . . .	90·0	103	66·5	69	77·5	178
Tubercle of the lungs . . . . .	·9	1	...	...	·4	1
Pneumonia . . . . .	2·6	3	2·9	3	2·6	6
Respiratory Diseases . . . . .	11·4	13	17·4	18	13·5	31
Dysentery . . . . .	21·0	24	18·3	19	18·7	43
Diarrhœa . . . . .	28·8	33	15·4	16	21·8	50
Hepatic Abscess . . . . .	3·5	4	1·0	1	2·2	5
„ Congestion and Inflammation . . . . .	18·4	21	17·4	18	17·4	40
Venereal Diseases . . . . .	...	...	3·9	4	1·7	4
ALL CAUSES . . . . .	707·2	809	614·3	637	638·5	1,466
DEATHS.						
Cholera . . . . .	...	...	...	...	·44	1
Small-pox . . . . .	...	...	...	...	...	...
Enteric Fever . . . . .	...	...	·96	1	·44	1
Malaria . . . . .	...	...	...	...	...	...
Pyrexia of uncertain origin . . . . .	...	...	...	...	...	...
Heat-stroke . . . . .	1·75	2	...	...	·87	2
Circulatory Diseases . . . . .	...	...	...	...	...	...
Tubercle of the lungs . . . . .	...	...	...	...	...	...
Pneumonia . . . . .	...	...	...	...	...	...
Respiratory Diseases . . . . .	...	...	...	...	...	...
Dysentery . . . . .	·87	1	·96	1	·87	2
Diarrhœa . . . . .	...	...	...	...	...	...
Hepatic Abscess . . . . .	...	...	·96	1	·44	1
Deaths not reported in Medical returns . . . . .	...	...	...	...	1·74	4**
ALL CAUSES . . . . .	6·99	8	10·61	11	9·58	22
TOTAL INCLUDING DEATHS IN ENGLAND AND OTHER COUNTRIES . . . . .	...	...	...	...	12·63	29†

\* Including officers on the line of march.  
† Abscess of liver 1, and the causes of death in the other 6 cases not known.  
(Murdered 1, sleeping sickness 1, drowning 1, and suicide not defined 1.)

B.—CAUSES of DEATH among EUROPEAN OFFICERS† of INDIAN ARMY in 1909. (From non-medical sources.)

INDIAN	ARMY	Strength in India, whether on leave or not, on the 1st of July 1909.	Strength in Europe or beyond sea on 1st July 1909, whether on furlough or sick leave.	IN INDIA.														Deaths in England and other countries.	Deaths at sea.	GRAND TOTAL.	Ratio per 1,000.
				Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of uncertain origin.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	TOTAL.				
2,743	853	..	..	3	1	..	..	..	..	1	..	1	..	..	12	8	1	21(a)	5·84		

† Only Officers in Military employ have been included. (a) The place and cause of deaths of 2 officers not known.

## EUROPEAN TROOPS, 1909.

TABLE XVIII—*continued.*

## STATISTICS OF OFFICERS.

D.—ENTERIC FEVER by months, stations, groups and armies.

STATIONS* GROUPS AND ARMIES.	Average annual strength.	NUMBER OF ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												Total.	Admission rate per 1,000 of strength.	Total deaths.	Death rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
B																	
Lucknow . . . . .	69	...	...	...	...	...	...	...	...	...	...	...	1	1	14'5	...	...
Cawnpore . . . . .	21	...	...	...	...	1	...	...	...	...	...	...	...	1	47'6	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . .	172	...	...	...	...	1	...	...	...	...	...	...	1	2	11'6	...	...
A																	
Meerut . . . . .	66	...	...	...	...	...	...	1	2	...	...	...	...	3	45'5	...	...
Ambala . . . . .	73	...	...	...	...	...	1	...	...	...	...	...	...	1	13'7	...	...
B																	
Lahore Cantonment and Fort .	37	1	...	...	...	1	...	...	...	...	...	...	...	2	54'1	...	...
Sialkot . . . . .	33	...	...	...	1	...	...	...	...	...	...	...	...	1	30'3	...	...
Rawalpindi . . . . .	98	...	1	...	...	1	...	...	...	...	...	...	...	2	20'4	...	...
GROUP VI.—UPPER SUB-HIMALAYA . . . . .	441	1	1	...	1	2	1	1	2	...	...	...	...	9	20'4	...	...
A																	
Nowshera . . . . .	29	...	...	...	1	...	...	...	...	...	...	...	...	1	34'5	...	...
Peshawar . . . . .	52	...	...	...	1	...	...	...	...	...	1	...	...	2	38'5	...	...
GROUP VII.—NORTH-WEST FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA . . . . .	153	...	...	...	2	...	...	...	...	...	1	...	...	3	19'6	...	...
B																	
Nasirabad . . . . .	25	...	...	...	...	...	...	...	1	...	...	...	...	1	40'0	...	...
Mhow and Indore . . . .	56	...	...	...	...	...	...	...	...	...	...	...	1	1	17'9	...	...
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA AND GUJARAT . . . . .	187	...	...	...	...	...	...	...	1	...	...	...	1	2	10'7	...	...
A																	
Jubbulpore . . . . .	47	2	...	...	...	...	...	...	...	...	...	...	...	2	42'6	1	21'28
B																	
Poona . . . . .	90	1	...	...	...	...	...	...	...	...	1	3	...	5	55'6	...	...
GROUP IX.—DECCAN . . . .	350	3	...	...	...	...	...	...	...	...	1	3	...	7	20'0	1	2'86
A																	
Bangalore . . . . .	81	1	...	1	...	...	...	...	...	...	...	...	...	2	24'7	...	...
GROUP XI.—SOUTHERN INDIA .	122	1	...	1	...	...	...	...	...	...	...	...	...	2	16'4	...	...
Lebong . . . . .	19	...	...	...	...	1	...	...	...	...	...	...	...	1	52'6	...	...
Quetta . . . . .	131	...	...	...	...	...	...	...	1	...	...	...	...	1	7'6	...	...
GROUP XIIa.—HILL STATIONS .	394	...	...	...	...	1	...	...	1	...	...	...	...	2	5'1	...	...
Murree and Lower and Upper Topas . . . . .	17	...	...	...	...	...	2	...	...	...	...	...	...	2	117'6	...	...
Mount Abu . . . . .	4	...	...	...	...	...	...	...	...	...	...	1	...	1	250'0	...	...
Wellington . . . . .	36	...	...	...	...	1	...	...	...	...	...	...	...	1	27'8	...	...
GROUP XIIb.—HILL CONVALESCENT DEPÔTS AND SANITARIA	133	...	...	...	...	1	2	...	...	...	...	1	...	4	30'1	...	...
Marching . . . . .	115	...	...	...	...	...	...	...	...	...	...	1	...	1	8'7	...	...
INDIA . . . . .	2,296	5	1	1	3	5	3	1	4	...	2	5	2	32	13'9	1	'44
NORTHERN ARMY . . . .	1,144	1	1	...	3	4	3	1	2	...	1	...	1	17	14'9	...	...
SOUTHERN ARMY . . . .	1,037	4	...	1	...	1	...	...	2	...	1	4	1	14	13'5	1	'96

\* Stations where Enteric Fever did not occur are not shown in this table.



E.—DETAIL of DISEASES.

DISEASES.	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.			BRITISH OFFICERS ATTACHED TO NATIVE TROOPS.			DISEASES.	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.			BRITISH OFFICERS ATTACHED TO NATIVE TROOPS.		
	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Invalids.*		Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Invalids.*
Diphtheria . . . . .	1	...	...	1	...	...	Papilloma . . . . .	1	...	...	...	...	...
Enteric fever . . . . .	32	1	6	18	3	...	Neuritis . . . . .	9	...	1	1	...	...
Enteritis, infective . . . . .	1	...	...	...	...	...	Multiple neuritis . . . . .	1	...	1	...	...	...
Influenza . . . . .	33	...	...	22	...	...	Posterior sclerosis . . . . .	1	...	1	...	...	...
Measles . . . . .	2	...	...	...	...	...	Sanguineous apoplexy . . . . .	2	...	1	...	1	...
Mumps . . . . .	...	...	...	1	...	...	Paraplegia . . . . .	...	...	...	1	...	...
Scarlet fever . . . . .	...	...	...	2	...	...	Vertigo . . . . .	...	...	...	1	...	...
Small-pox . . . . .	2	...	...	...	...	...	Headache . . . . .	2	...	...	5	...	...
Cholera . . . . .	...	1	...	...	...	...	Neuralgia . . . . .	4	...	...	7	...	...
Dengue . . . . .	6	...	...	2	...	...	Neurasthenia . . . . .	4	...	2	2	...	...
Dysentery . . . . .	43	2	3	43	1	...	Conjunctivitis . . . . .	5	...	...	6	...	...
Malaria . . . . .	209	...	1	194	...	...	Ulcerative keratitis . . . . .	1	...	...	2	...	...
Sleeping sickness . . . . .	...	1	...	...	...	...	Iritis . . . . .	3	...	...	1	...	...
Pyrexia of uncertain origin . . . . .	178	...	...	65	...	...	Inflammation of the external ear . . . . .	6	...	...	4	...	...
Septicæmia . . . . .	1	1	...	1	...	...	Inflammation of the external ear suppurative . . . . .	...	...	...	1	...	...
Inflammation of lymphatic glands . . . . .	10	...	...	5	...	...	Inflammation of the middle ear . . . . .	1	...	...	1	...	...
Inflammation of lymphatic vessels . . . . .	3	...	...	2	...	...	Perforation of membrana tympani . . . . .	2	...	...	...	...	...
Inflammation of connective tissue . . . . .	54	...	...	8	...	...	Necrosis of ossicles . . . . .	1	...	...	...	...	...
Abscess of the connective tissue . . . . .	21	...	...	8	...	...	Deafness . . . . .	...	...	...	1	...	...
Boils . . . . .	16	...	...	10	...	...	Coryza . . . . .	1	...	...	5	...	...
Carbuncles . . . . .	1	...	...	1	...	...	Hypertrophy of skin of the nose . . . . .	1	...	...	...	...	...
Onychia . . . . .	2	...	...	1	...	...	Effects of strain on heart . . . . .	1	...	1	1	...	...
Whitlow . . . . .	1	...	...	3	...	...	Disordered action of heart . . . . .	2	...	1	1	...	...
Ulcer . . . . .	5	...	...	6	...	...	Phlebitis . . . . .	1	...	...	6	...	...
Rabies . . . . .	1	1	...	...	...	...	Varix . . . . .	...	...	...	1	...	...
Pneumonia . . . . .	6	...	1	2	1	...	Asthma . . . . .	1	...	...	1	...	...
Rheumatic fever . . . . .	12	...	1	8	...	...	Laryngitis . . . . .	...	...	...	3	...	...
Sore throat . . . . .	11	...	...	4	...	...	Tracheitis . . . . .	...	...	...	1	...	...
Tonsillitis . . . . .	54	...	...	26	...	...	Bronchitis . . . . .	28	...	1	14	...	...
Quinsy . . . . .	1	...	...	...	...	...	Broncho-pneumonia . . . . .	...	...	...	1	...	...
Tubercle of lungs . . . . .	1	...	...	1	...	...	Pleurisy . . . . .	2	...	...	3	...	...
Gonorrhœa . . . . .	4	...	...	3	...	...	Suppuration of dental pulp . . . . .	1	...	...	...	...	...
Syphilis . . . . .	...	...	...	2	...	...	Caries of dentine . . . . .	1	...	...	...	...	...
Alcoholism . . . . .	1	...	...	...	...	...	Inflammation of the dental periosteum . . . . .	2	...	...	...	...	...
Bilharzia hæmatobia . . . . .	...	...	...	1	...	...	Gum-boil . . . . .	1	...	...	1	...	...
Tænia solium Linnæus . . . . .	2	...	...	1	...	...	Inflammation of the periosteum, gums and alveoli . . . . .	...	...	...	2	...	...
Ringworm . . . . .	1	...	...	...	...	...	Toothache . . . . .	...	...	...	1	...	...
Debility . . . . .	19	...	3	4	...	...	Ulceration of the palate . . . . .	...	...	...	1	...	...
Anæmia . . . . .	...	...	...	2	...	...	Inflammation of the pharynx . . . . .	1	...	...	4	...	...
Diabetes mellitus . . . . .	...	...	1	...	...	...	Gastritis . . . . .	20	...	...	8	...	...
Gout . . . . .	5	...	1	4	...	...	Dyspepsia . . . . .	11	...	...	10	...	...
Osteo-arthritis . . . . .	...	...	...	1	...	...	Gastralgia . . . . .	2	...	...	...	...	...
Congenital phimosis . . . . .	1	...	...	...	...	...							
Lipoma . . . . .	1	...	...	...	...	...							

\* Information not available.

## EUROPEAN TROOPS, 1909.

TABLE XVIII—*concluded.*

## STATISTICS OF OFFICERS.

## E.—DETAIL OF DISEASES.

DISEASES.	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.			BRITISH OFFICERS ATTACHED TO NATIVE TROOPS.			DISEASES.	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.			BRITISH OFFICERS ATTACHED TO NATIVE TROOPS.		
	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Invalids.*		Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Invalids.
Inflammation of the intestines . . . . .	6	...	...	...	...	...	Synovitis . . . . .	43	...	...	41	...	...
Enteritis . . . . .	11	...	...	13	...	...	Dislocation of intra-articular cartilage	...	...	...	1	...	...
Appendicitis . . . . .	13	2	3	8	...	...	Abscess of muscles . . . . .	...	...	...	1	...	...
Colitis . . . . .	14	...	1	3	...	...	Myalgia . . . . .	9	...	...	5	...	...
Fæcal accumulation in intestines . . . . .	1	...	...	...	...	...	Lumbago . . . . .	2	...	...	...	...	...
Sprue . . . . .	...	...	...	1	...	...	Displacement of tendons . . . . .	1	...	...	...	...	...
Hernia . . . . .	4	...	...	1	...	...	Tenosynovitis . . . . .	3	...	...	...	...	...
Perforation of intestines . . . . .	1	1	...	...	...	...	Loose cartilage . . . . .	1	...	...	...	...	...
Diarrhœa . . . . .	50	...	...	24	...	...	Bursitis . . . . .	1	...	...	2	...	...
Colic . . . . .	17	...	...	5	...	...	Hammer toe . . . . .	...	...	...	1	...	...
Periproctitis . . . . .	1	...	...	...	...	...	Cedema of the connective tissue . . . . .	...	...	...	1	...	...
Ischio-rectal abscess . . . . .	...	...	...	1	...	...	Erythema . . . . .	1	...	...	...	...	...
Fissure of the anus . . . . .	1	...	...	...	...	...	Urticaria . . . . .	4	...	...	...	...	...
Fistula in ano . . . . .	1	...	...	...	...	...	Eczema . . . . .	9	...	1	7	...	...
Piles . . . . .	11	...	...	5	...	...	Zona . . . . .	...	...	...	1	...	...
Hepatitis . . . . .	23	...	1	7	...	...	Pemphigus . . . . .	2	...	...	...	...	...
„ suppurative . . . . .	5	1	3	6	...	...	Pityriasis rubra . . . . .	1	...	...	...	...	...
Perihepatitis . . . . .	...	...	...	1	...	...	Delhi boil . . . . .	...	...	...	2	...	...
Acute yellow atrophy of the liver . . . . .	2	1	...	...	...	...	Wen . . . . .	...	...	...	1	...	...
Congestion of the liver . . . . .	17	...	1	5	...	...	Acne . . . . .	1	...	...	...	...	...
Jaundice . . . . .	17	...	...	1	...	...	Sycosis . . . . .	1	...	...	...	...	...
Cholecystitis . . . . .	6	...	...	...	...	...	Heat-stroke . . . . .	6	2	...	...	...	...
Gall stones . . . . .	1	...	...	...	...	...	Sun-stroke . . . . .	2	...	...	5	...	...
Biliary colic . . . . .	1	...	...	3	...	...	Suffocation from submersion . . . . .	...	1	...	...	...	...
Splenitis . . . . .	...	...	...	1	...	...	Killed by tiger . . . . .	...	1	...	...	...	...
Hypertrophy of lymphatic glands . . . . .	1	...	...	...	...	...	Burns and scalds . . . . .	2	...	...	5	...	...
Acute nephritis . . . . .	4	...	...	1	...	...	Effects of sunlight . . . . .	1	...	...	...	...	...
Perinephric abscess . . . . .	...	1	...	...	...	...	Abrasion . . . . .	20	...	...	14	...	...
Pyelitis . . . . .	1	...	...	...	...	...	Contusions . . . . .	78	...	...	38	...	...
Calculus in ureter . . . . .	1	...	...	...	...	...	Wounds . . . . .	37	...	...	21	...	...
Renal colic . . . . .	4	...	...	2	...	...	Wounds, gunshot . . . . .	3	1	1	1	1	...
Inflammation of the bladder . . . . .	...	...	...	6	...	...	Sprains and strains . . . . .	66	...	...	44	...	...
Hypertrophy of the bladder . . . . .	1	...	...	...	...	...	Dislocations . . . . .	11	...	1	7	...	...
Hæmaturia . . . . .	2	...	...	2	...	...	Ruptures . . . . .	7	...	...	2	...	...
Urethritis . . . . .	...	...	...	1	...	...	Fractures . . . . .	36	...	...	15	...	...
Stricture of urethra . . . . .	1	...	...	1	...	...	Foreign bodies . . . . .	1	...	...	...	...	...
Urethral fistula . . . . .	3	...	...	...	...	...	Traumatic meningeal hæmorrhage . . . . .	1	1	...	...	...	...
Hypertrophy of the prostate . . . . .	...	...	...	1	...	...	Concussion of brain . . . . .	14	...	2	15	...	...
Phimosis . . . . .	...	...	...	1	...	...	Internal derangement of knee-joint . . . . .	3	...	...	...	...	...
Hæmatocele of the spermatic cord . . . . .	2	...	...	...	...	...	Slipped semilunar cartilage . . . . .	2	...	...	3	...	...
Varicocele . . . . .	...	...	...	2	...	...	Riding accident . . . . .	...	...	...	...	1	...
Orchitis . . . . .	5	...	1	4	...	...	Polo accident . . . . .	...	...	...	...	1	...
Epididymitis . . . . .	2	...	...	2	...	...	Suicide not defined . . . . .	...	1	...	...	1	...
Periostitis . . . . .	3	...	...	6	...	...	Murdered . . . . .	...	1	...	...	1	...

\* Information not available.



DISEASES.	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.			BRITISH OFFICERS ATTACHED TO NATIVE TROOPS.			DISEASES.	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.			BRITISH OFFICERS ATTACHED TO NATIVE TROOPS.		
	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Invalids.*		Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Invalids.*
Drowning, not defined . . . .	..	..	..	..	1	..	Poison serum intoxication . .	..	...	..	1	..	..
No appreciable disease . . . .	1	..	..	1	..	..	Effects of anti-typhoid vaccine .	..	..	..	1	..	..
Poison, sulphonal . . . . .	1	1	..	..	..	..							
„ venom of stinging insect . .	1	..	..	1	..	..							
„ ptomaine . . . . .	1	..	..	..	..	..	TOTAL .	1,466	22	41	900	12	..

\* Information not available.





## B.--WOMEN.

TABLE XIX.

RATIOS AND ACTUALS OF ARMIES.

	Northern Army.		Southern Army.		India.*		
Strength . . . . .	2,020		1,879		3,913		
	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Remaining from 1908.
Constantly sick . . . . .	28'4	57'42	20'1	37'81	24'3	95'24	
ADMISSIONS—							
Influenza . . . . .	...	...	...	...	...	...	...
Cholera . . . . .	...	...	...	...	...	...	...
Small-pox . . . . .	5	1	3'7	7	2'0	8	...
Enteric Fever . . . . .	15'3	31	4'8	9	10'2	40	6
Malaria . . . . .	79'7	161	59'1	111	69'5	272	8
Pyrexia of uncertain origin . . . . .	38'1	77	17'6	33	28'1	110	2
Tubercle of the lungs . . . . .	1'5	3	1'1	2	1'3	5	...
Pneumonia . . . . .	5	1	1'1	2	8	3	...
Respiratory Diseases . . . . .	15'3	31	7'5	14	11'5	45	2
Dysentery . . . . .	9'4	19	4'3	8	6'9	27	1
Diarrhœa . . . . .	24'3	49	14'4	27	19'4	76	...
Anæmia and Debility . . . . .	225'7	456	166'0	312	196'5	769	13
Abortion and other affections connected with pregnancy. . . . .	39'1	79	35'7	67	37'3	146	3
Affections connected with and consequent on parturition . . . . .	6'4	13	6'9	13	6'6	26	1
All other diseases peculiar to women . . . . .	43'1	87	36'2	68	39'6	155	...
ALL CAUSES . . . . .	701'5	1,417	488'0	917	596'7	2,335	56
DEATHS—							
Cholera . . . . .	...	...	...	...	...	...	Deaths out of hospital.
Small-pox . . . . .	...	...	...	1	...	1	...
Enteric Fever . . . . .	1'98	4	1'06	2	2'6	6	...
Malaria . . . . .	99	2	53	1	1'53	3	...
Pyrexia of uncertain origin . . . . .	...	...	...	...	77	...	...
Tubercle of the lungs . . . . .	50	1	1'06	2	...	3	...
Pneumonia . . . . .	...	...	...	...	77	...	...
Respiratory Diseases . . . . .	...	...	...	...	...	...	...
Dysentery . . . . .	50	1	...	...	...	...	...
Diarrhœa . . . . .	...	...	...	...	26	1	...
Hepatic Abscess . . . . .	...	...	...	...	...	...	...
Abortion and affections connected with and consequent on parturition. . . . .	1'98	4	1'60	3	...	...	...
ALL CAUSES . . . . .	8'01	18	6'39	12	1'79	7	...
PERCENTAGE IN 100 ADMISSIONS—							
Influenza . . . . .	...	...	...	...	...	...	...
Cholera . . . . .	...	...	...	...	...	...	...
Small-pox . . . . .	07	...	76	...	34	...	...
Enteric Fever . . . . .	2'19	...	98	...	1'71	...	...
Malaria . . . . .	11'36	...	12'10	...	11'65	...	...
Pyrexia of uncertain origin . . . . .	5'43	...	3'60	...	4'71	...	...
Tubercle of the lungs . . . . .	21	...	22	...	21	...	...
Pneumonia . . . . .	07	...	22	...	13	...	...
Respiratory Diseases . . . . .	2'19	...	1'53	...	1'93	...	...
Dysentery . . . . .	1'34	...	87	...	1'16	...	...
Diarrhœa . . . . .	3'46	...	2'94	...	3'25	...	...
Anæmia and Debility . . . . .	32'18	...	34'02	...	32'93	...	...
Abortion and other affections connected with pregnancy. . . . .	5'58	...	7'31	...	6'25	...	...
Affections connected with and consequent on parturition . . . . .	92	...	1'42	...	1'11	...	...
All other diseases peculiar to women . . . . .	6'14	...	7'42	...	6'64	...	...
PERCENTAGE IN 100 DEATHS—							
Cholera . . . . .	...	...	...	...	...	...	...
Small-pox . . . . .	...	...	8'3	...	3'3	...	...
Enteric Fever . . . . .	22'2	...	16'7	...	20'0	...	...
Malaria . . . . .	1'1	...	8'3	...	10'0	...	...
Pyrexia of uncertain origin . . . . .	...	...	...	...	...	...	...
Tubercle of the lungs . . . . .	5'5	...	16'7	...	10'0	...	...
Pneumonia . . . . .	...	...	...	...	...	...	...
Respiratory Diseases . . . . .	...	...	...	...	...	...	...
Dysentery . . . . .	5'5	...	...	...	3'3	...	...
Diarrhœa . . . . .	...	...	...	...	...	...	...
Hepatic Abscess . . . . .	...	...	...	...	...	...	...
Abortion and affections connected with and consequent on parturition. . . . .	22'2	...	25'0	...	23'3	...	...

\* For complete detail of diseases, see Table LIII.



TABLE XXI.

ENTERIC FEVER by months, stations, groups, and armies.

STATIONS,* GROUPS, AND ARMIES.	Average annual strength.	NUMBER OF ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												Total Admissions.	Admission rate per 1,000 of strength.	Total deaths.	Death rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
Barrackpore . . . . .	16	...	...	...	...	...	...	1	...	...	...	...	...	1	62.5	1	62.50
GROUP IV.—BENGAL AND ORISSA . . . . .	133	...	...	...	...	...	...	1	...	...	...	...	...	1	7.5	1	7.52
B																	
Fyzabad . . . . .	54	...	...	...	2	...	...	...	...	...	...	...	...	2	37.0	1	18.52
Lucknow . . . . .	101	...	...	1	2	1	2	...	...	...	...	...	...	6	59.4	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . . . .	313	...	...	1	4	1	2	...	...	...	...	...	...	8	25.6	1	3.19
A																	
Meerut . . . . .	119	...	1	...	1	...	...	...	...	...	...	...	...	2	16.8	...	...
Ambala . . . . .	112	1	...	...	1	...	...	...	...	...	...	2	...	4	35.7	...	...
B																	
Jullundur . . . . .	33	...	...	...	...	1	...	...	...	...	...	...	...	1	30.3	...	...
Rawalpindi . . . . .	131	...	...	...	...	1	...	...	...	...	...	...	...	1	7.6	1	7.63
GROUP VI.—UPPER SUB-HIMALAYA . . . . .	670	1	1	...	2	2	...	...	...	...	...	2	...	8	11.9	1	1.49
B																	
Jhansi . . . . .	46	1	...	...	...	...	...	...	...	...	...	...	...	1	21.7	1	21.74
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT . . . . .	304	1	...	...	...	...	...	...	...	...	...	...	...	1	3.3	1	3.29
B																	
Belgaum . . . . .	51	...	...	...	...	...	...	...	1	...	...	...	...	1	19.6	...	...
Poona . . . . .	104	...	...	...	...	...	...	...	1	...	...	...	...	1	9.6	...	...
Ahmednagar . . . . .	39	...	...	...	...	...	...	...	...	1	...	...	...	1	25.6	...	...
GROUP IX.—DECCAN . . . . .	620	...	...	...	...	...	...	...	2	1	...	...	...	3	4.8	...	...
A																	
Bangalore . . . . .	166	...	...	...	...	...	...	...	...	1	1	...	...	2	12.0	1	6.02
GROUP XI.—SOUTHERN INDIA	285	...	...	...	...	...	...	...	...	1	1	...	...	2	7.0	1	3.51
Kalabagh and Baragali . . . . .	5	...	...	...	...	1	...	...	...	...	...	...	...	1	200.0	...	...
Camp Barian and Khairagali . . . . .	39	...	...	...	...	...	...	1	...	...	...	...	...	1	25.6	...	...
Quetta . . . . .	155	...	...	...	...	...	...	...	1	...	...	2	...	3	19.4	...	...
GROUP XIIa.—HILL STATIONS	664	...	...	...	...	1	...	1	1	...	...	2	...	5	7.5	...	...
Murree and Lower and Upper Topas . . . . .	81	...	...	...	...	...	4	7	1	...	...	...	...	12	148.1	1	12.35
GROUP XIIb.—HILL CON-VALESCENT DEPÔTS AND SANITARIA . . . . .	345	...	...	...	...	...	4	7	1	...	...	...	...	12	34.8	1	2.90
INDIA . . . . .	3,913	2	1	1	6	4	6	9	4	2	1	4	...	40	10.22	6	1.53
NORTHERN ARMY . . . . .	2,020	1	1	1	6	4	6	9	1	...	...	2	...	31	15.3	4	1.98
SOUTHERN . . . . .	1,879	1	...	...	...	...	...	...	3	2	1	2	...	9	4.8	2	1.06

\* Stations where Enteric Fever did not occur are not shown in this table.





C.-CHILDREN.

TABLE XXII.

RATIOS AND ACTUALS OF ARMIES.

Strength . . . . .	Northern Army.		Southern Army.		India.*		
	3,166		3,018		6,201		
	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Remaining from 1908.
Constantly sick . . . . .	15'7	49'55	12'5	38'86	14'3	88'44	
ADMISSIONS—							
Influenza . . . . .	1'6	5	'3	1	1'0	6	...
Cholera . . . . .	...	...	...	...	...	...	...
Small-pox . . . . .	'6	2	1'3	4	1'0	6	...
Measles . . . . .	15'2	48	35'8	108	25'2	156	23
Whooping Cough . . . . .	4'1	13	2'7	8	3'4	21	...
Enteric Fever . . . . .	7'6	24	4'0	12	5'8	36	4
Malaria . . . . .	53'1	168	37'8	114	45'5	282	12
Pyrexia of uncertain origin . . . . .	38'9	123	18'9	57	29'0	180	...
Tuberculous Diseases . . . . .	'9	3	...	...	'5	3	1
Respiratory Diseases . . . . .	71'4	226	35'5	107	53'9	334	1
Dysentery . . . . .	7'6	24	7'3	22	7'4	46	2
Diarrhœa . . . . .	49'3	156	34'8	105	42'1	261	2
Eye Diseases . . . . .	16'1	51	18'9	57	17'4	108	1
ALL CAUSES . . . . .	442'5	1,401	326'0	984	384'8	2,386	60
DEATHS—							
Cholera . . . . .	...	...	...	...	...	...	Deaths out of hospital.
Small-pox . . . . .	...	...	...	...	...	...	...
Diphtheria . . . . .	'95	3	...	...	'48	3	...
Enteric Fever . . . . .	...	...	...	...	...	...	...
Malaria . . . . .	'32	1	'99	3	'65	4	...
Pyrexia of uncertain origin . . . . .	...	...	...	...	...	...	...
Tuberculous Diseases . . . . .	...	...	...	...	...	...	...
Convulsions . . . . .	2'21	7	1'99	6	2'10	13	1
Respiratory Diseases . . . . .	3'79	12	2'65	8	3'23	20	2
Teething . . . . .	'63	2	'99	3	'81	5	1
Dysentery . . . . .	1'58	5	'66	2	1'13	7	...
Diarrhœa . . . . .	3'47	11	4'97	15	4'19	26	2
Anæmia, Debility, and Premature birth . . . . .	3'79	12	3'31	10	3'55	22	...
ALL CAUSES . . . . .	30'64	97	24'19	73	27'41	170	13
PERCENTAGE IN 100 ADMISSIONS—							
Influenza . . . . .	'36		'10		'25		
Cholera . . . . .	...		...		...		
Small-pox . . . . .	'14		'41		'25		
Measles . . . . .	3'43		10'08		6'54		
Whooping Cough . . . . .	'93		'81		'88		
Enteric Fever . . . . .	1'71		1'22		1'51		
Malaria . . . . .	11'99		11'59		11'82		
Pyrexia of uncertain origin . . . . .	8'78		5'79		7'54		
Tuberculous Diseases . . . . .	'21		...		'13		
Respiratory Diseases . . . . .	16'13		10'87		14'00		
Dysentery . . . . .	1'71		2'24		1'93		
Diarrhœa . . . . .	11'13		10'67		10'94		
Eye Diseases . . . . .	3'64		5'79		4'53		
PERCENTAGE IN 100 DEATHS—							
Cholera . . . . .	...		...		...		
Small-pox . . . . .	...		...		...		
Diphtheria . . . . .	3'1		...		1'8		
Enteric Fever . . . . .	...		...		...		
Malaria . . . . .	1'0		4'1		2'4		
Pyrexia of uncertain origin . . . . .	...		...		...		
Tuberculous Diseases . . . . .	...		...		...		
Convulsions . . . . .	7'2		8'2		7'6		
Respiratory Diseases . . . . .	12'4		11'0		11'8		
Teething . . . . .	2'1		4'1		2'9		
Dysentery . . . . .	5'2		2'7		4'1		
Diarrhœa . . . . .	11'3		20'5		15'3		
Anæmia, Debility, and Premature birth . . . . .	12'4		13'7		12'9		

\* For complete detail of diseases, see Table LIII.



TABLE XXIV.

ENTERIC FEVER by months, stations, groups and armies.

STATIONS,* GROUPS, AND ARMIES.	Average annual strength.	NUMBER OF ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												Total ad- m sions.	Admission rate per 1,000 of strength.	Total deaths.	Death rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July	Aug.	Sept.	Oct.	Nov.	Dec.				
B Sitapur . . . . .	26	...	...	2	...	...	...	...	...	...	...	...	...	2	76.9	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . .	454	...	...	2	...	...	...	...	...	...	...	...	...	2	4.4	...	...
A Shahjehanpur . . . . .	17	...	...	...	1	...	...	...	...	...	...	...	...	1	58.8	...	...
B Jullundur . . . . .	56	...	...	...	...	1	...	...	...	...	...	...	...	1	17.9	...	...
Ferozepore . . . . .	98	...	...	...	1	...	...	...	...	...	...	...	...	1	10.2	...	...
Lahore Cantonment and Fort . .	72	...	...	...	...	...	...	1	...	...	...	...	...	1	13.9	...	...
GROUP VI.—UPPER SUB-HIMA- LAYA. . . . .	1,002	...	...	...	2	1	...	1	...	...	...	...	...	4	4.0	...	...
B Secunderabad . . . . .	278	...	...	3	...	...	...	...	...	1	...	...	...	4	14.4	...	...
GROUP IX.—DECCAN . . . . .	951	...	...	3	...	...	...	...	...	1	...	...	...	4	4.2	...	...
A Bellary . . . . .	60	...	1	...	...	...	...	...	...	...	...	...	...	1	16.7	...	...
Bangalore . . . . .	297	...	...	...	...	...	...	...	...	2	2	...	...	4	13.5	...	...
GROUP XI.—SOUTHERN INDIA . .	496	...	1	...	...	...	...	...	...	2	2	...	...	5	10.1	...	...
Ranikhet and Chaubuttia . . .	155	...	...	...	...	...	...	1	...	...	...	...	...	1	6.5	...	...
Solon . . . . .	17	...	...	...	...	...	...	...	...	...	1	...	...	1	58.8	...	...
Subathu . . . . .	86	...	...	...	...	...	...	...	1	...	...	...	...	1	11.6	...	...
Kalabagh and Baragali . . .	6	...	...	...	...	...	...	...	1	...	...	...	...	1	166.7	...	...
Quetta . . . . .	254	...	...	...	...	...	1	2	...	...	...	...	...	3	11.8	...	...
GROUP XIIa.—HILL STATIONS	1,091	...	...	...	...	...	1	3	2	...	1	...	...	7	6.4	...	...
Murree and Lower and Upper Topas . . . . .	154	...	...	...	...	...	4	9	1	...	...	...	...	14	90.9	...	...
GROUP XIIb.—HILL CONVALES- CENT DEPÔTS AND SANITARIA	627	...	...	...	...	...	4	9	1	...	...	...	...	14	22.3	...	...
INDIA . . . . .	6,201	...	1	5	2	1	5	13	3	3	3	...	...	36	5.8	...	...
NORTHERN ARMY . . . . .	3,166	...	...	2	2	1	4	11	3	...	1	...	...	24	7.6	...	...
SOUTHERN " . . . . .	3,018	...	1	3	...	...	1	2	...	3	2	...	...	12	4.0	...	...

\* Stations where Enteric Fever did not occur are not shown in this table.

## CHILDREN, 1909.

## TABLE XXV.

## DEATHS OF CHILDREN BY AGES AND CAUSES.

AGE AT DEATH.	Cholera.	Small-pox.	Diphtheria.	Enteric Fever.	Malaria.	Pyrexia of uncertain origin.	Tuberculous Diseases.	Convulsions.	Respiratory Diseases.	Teething.	Dysentery.	Diarrhoea.	Anæmia, Debility and Premature birth.	ALL CAUSES.	Average annual strength.	Death rate per 1,000 of strength.	Liability. (The previous column expressed in percentages).
Under 6 months . . . . .	...	...	1	...	...	...	...	7	8	1	...	12	16*	83	630	131'75	52'91
Between 6 and 12 months . . . . .	...	...	...	...	2	...	...	3	3	4	2	6	4†	40	644	62'11	24'94
„ 12 and 18 „ . . . . .	...	...	1	...	...	...	...	...	5	...	2	7	1	21	690	30'43	12'22
„ 18 and 24 „ . . . . .	...	...	1	...	...	...	...	...	2	...	...	1	...	8	696	11'49	4'61
„ 2 years and 5 years . . . . .	...	...	...	...	...	...	...	3	2	...	2	...	1	13	1,563	8'32	3'34
„ 5 „ and 10 „ . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	...	4	1,243	3'22	1'29
„ 10 „ and 15 „ . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	...	1	589	1'70	'68
„ 15 „ and upwards . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	139	...	...
TOTAL . . . . .	...	...	3	...	4	...	...	13	20	5	7	26	22	170	6,201‡	27'41	100'00

\* Thirteen premature berth.

† Two premature berth.

‡ Includes seven not classed on the line of march.



## II.—NATIVE TROOPS, 1909.

TABLE H.  
STATIONS by ARMIES.

STATIONS.	Height above the sea-level in feet.*	Authority for height.†	STATIONS.	Height above the sea-level in feet.*	Authority for height.†	STATIONS.	Height above the sea-level in feet.*	Authority for height.†
NORTHERN ARMY:—			SOUTHERN ARMY:—			EXTRA INDIA NOT IN THE INDIAN COMMAND.		
Abbottabad . . . . .	4,166	I. B.	Aden . . . . .	26	S. G.	Colombo . . . . .		
Allahabad . . . . .	298	S. G.	Agar . . . . .	1,671	"	Singapore . . . . .		
Agra . . . . .	554	"	Ahmedabad . . . . .	170	"	Tientsin—N. China . . . . .		
Alipore . . . . .	21	I. B.	Ahmednagar . . . . .	2,125	"	Hong Kong—S. China . . . . .		
Almora . . . . .	5,494	S. G.	Ajmir . . . . .	1,627	M. D.			
Ambala . . . . .	902	"	Aurangabad . . . . .	1,865	"			
Amritsar . . . . .	756	"	Baghdad . . . . .	...	S. G.			
Attock . . . . .	1,192	"	Bangalore . . . . .	3,021	"			
Bakloh . . . . .	4,585	"	Baroda . . . . .	115	"			
Baragali . . . . .	7,800	M.O.	Belgaum . . . . .	2,473	"			
Bareilly . . . . .	560	S. G.	Bellary . . . . .	1,483	"			
Barrackpore . . . . .	24	"	Bhamo . . . . .	351	"			
Benares . . . . .	256	"	Bhuj . . . . .	341	"			
Buxa . . . . .	2,457	"	Bolarum . . . . .	1,890	I. B.			
Campbellpore . . . . .	1,200	M.O.	Bombay (Colaba) . . . . .	20	S. G.			
Cawnpore . . . . .	417	S. G.	Bushire . . . . .	40	I. B.			
Chakdara . . . . .	2,500	I. B.	Cannanore . . . . .	47	S. G.			
Cherat . . . . .	4,546	S. G.	Chabbar . . . . .	...	"			
Chitral . . . . .	4,980	"	Chaman . . . . .	5,488	S. G.			
Dargai . . . . .	...	"	Deesa . . . . .	470	"			
Dehra Dun . . . . .	2,229	S. G.	Deoli . . . . .	1,122	"			
Delhi . . . . .	715	"	Erinpura . . . . .	876	"			
Dera Ismail Khan . . . . .	571	"	Fort Sandeman . . . . .	4,522	I. B.			
Dharmasala . . . . .	6,111	"	Goon . . . . .	1,617	S. G.			
Dibrugarh . . . . .	342	"	Gumbaz . . . . .	3,050	I. B.			
Dinapore . . . . .	171	"	Gwalior . . . . .	1,089	S. G.			
Drazinda . . . . .	1,600	I. B.	Hindu Bagh . . . . .	5,675	"			
Edwardesabad . . . . .	1,279	"	Hyderabad . . . . .	134	I. B.			
Fatehgarh . . . . .	444	"	Indore . . . . .	1,806	S. G.			
Ferozepore . . . . .	645	S. G.	Jacobabad . . . . .	181	"			
Fort Jamrud . . . . .	1,610	I. B.	Jaipur . . . . .	1,582	"			
Fort Lockhart . . . . .	6,473	"	Jask . . . . .	...	"			
Fort William . . . . .	17	S. G.	Jhansi . . . . .	860	S. G.			
Fort Zam . . . . .	1,350	I. B.	Jubbulpore . . . . .	1,305	"			
Fyzabad . . . . .	336	S. G.	Kampti . . . . .	930	"			
Gangtok . . . . .	5,000	I. B.	Karachi . . . . .	28	"			
Gyantse . . . . .	12,900	"	Khormaksar . . . . .	50	I. B.			
Hangu . . . . .	3,650	"	Kirkee . . . . .	1,837	S. G.			
Jandola . . . . .	2,430	"	Kila Saifulla . . . . .	5,090	I. B.			
Jatta . . . . .	1,000	"	Loralai . . . . .	4,450	S. G.			
Jhelum . . . . .	827	S. G.	Madras . . . . .	15	"			
Jullundur . . . . .	900	"	Mandalay (Fort Dufferin) . . . . .	249	"			
Jutogh . . . . .	6,371	"	Manzai . . . . .	3,030	I. B.			
Kalabagh . . . . .	7,936	I. B.	Maymyo . . . . .	3,508	S. G.			
Khairagali . . . . .	7,678	S. G.	Meiktila . . . . .	860	"			
Kila Drosh . . . . .	4,250	I. B.	Mhow . . . . .	1,903	"			
Kohat . . . . .	1,768	"	Mir Ali Khel . . . . .	3,620	I. B.			
Kohima . . . . .	4,500	"	Mount Abu . . . . .	3,960	S. G.			
Lahore Cantonment . . . . .	706	S. G.	Murgha . . . . .	5,038	I. B.			
Lansdowne . . . . .	6,260	"	Musa Khel . . . . .	4,600	"			
Lucknow . . . . .	400	"	Muscat . . . . .	...	"			
Malakand Fort . . . . .	3,809	"	Nasirabad . . . . .	1,461	S. G.			
Manipur . . . . .	2,619	"	Neemuch . . . . .	1,613	"			
Mardan . . . . .	...	"	Nowgong . . . . .	770	I. B.			
Meerut . . . . .	739	S. G.	Ootacamund . . . . .	7,216	S. G.			
Multan . . . . .	402	"	Perim . . . . .	249	I. B.			
Naini Tal . . . . .	6,400	"	Pishin . . . . .	5,157	S. G.			
Nowshera . . . . .	1,100	M. O.	Poona . . . . .	1,909	"			
Peshawar . . . . .	1,170	I. B.	Port Blair . . . . .	8	"			
Rawalpindi . . . . .	1,707	S. G.	Quetta . . . . .	5,515	"			
Rurki . . . . .	884	"	Rajkot . . . . .	417	"			
Sadiya . . . . .	440	M. H. I.	Rangoon . . . . .	14	"			
Shillong . . . . .	4,987	S. G.	Robat . . . . .	...	"			
Sialkot . . . . .	829	"	Santa Cruz . . . . .	...	"			
Simla . . . . .	7,230	"	Satara . . . . .	2,183	S. G.			
Thal . . . . .	2,820	I. B.	Saugor . . . . .	1,753	"			
			Secunderabad . . . . .	1,732	"			
			Sehore . . . . .	1,617	"			
			Shelabagh . . . . .	6,380	I. B.			
			Sibi . . . . .	489	S. G.			
			St. Thomas' Mount . . . . .	250	"			
			Sutna . . . . .	1,040	M. D.			
			Trichinopoly . . . . .	274	S. G.			
			Trivandrum . . . . .	198	M. D.			

\* These are usually the heights above sea-level of the survey-marks or of the mercury-surface in barometer-cisterns in the stations.  
† S. G. = Surveyor-General of India; M. H. I. = Dr. Macnamara's "Himalayan India"; M. D. = Meteorological Department; I. B. = Intelligence Branch of the Division of the Chief of the Staff; M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports.



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TABLE XXVI.

RATIOS of ARMIES.

The ratios of admissions and deaths to strength are taken from Table XXVIII.

The actuals will be found in Table XXIX.

RATIO PER 1,000 OF THE AVERAGE STRENGTH.			
	Northern Army.	Southern Army.	Army of India.*
I.—AVERAGE ANNUAL STRENGTH . . . . .	64,544	53,470	131,627
II.—CONSTANTLY SICK RATE OF EACH MONTH—			
January . . . . .	23·6	21·8	21·3
February . . . . .	21·0	18·9	18·9
March . . . . .	17·9	18·5	17·6
April . . . . .	18·7	18·8	18·2
May . . . . .	21·7	20·0	20·2
June . . . . .	21·2	19·6	19·9
July . . . . .	20·3	19·8	19·9
August . . . . .	22·0	20·4	20·9
September . . . . .	24·2	20·4	21·9
October . . . . .	26·8	20·5	22·8
November . . . . .	31·8	21·4	23·9
December . . . . .	27·9	20·6	22·4
OF THE YEAR . . . . .	23·2	20·2	20·8
III.—ADMISSION RATE OF THE YEAR—			
Influenza . . . . .	3·4	2·5	2·9
Cholera . . . . .	·2	·3	·2
Small-pox . . . . .	·3	·4	·3
Enteric Fever . . . . .	2·8	1·8	2·2
Malaria . . . . .	234·1	137·5	179·8
Malta Fever . . . . .	·2	·1	·1
Pyrexia of uncertain origin . . . . .	21·7	26·6	22·2
Plague . . . . .	·1	·1	·1
Tubercle of the lungs . . . . .	2·7	2·1	2·3
Pneumonia . . . . .	15·0	9·2	11·8
Respiratory Diseases . . . . .	18·9	22·8	21·4
Dysentery . . . . .	35·2	27·9	31·8
Diarrhœa . . . . .	6·7	8·8	7·6
Hepatic { Abscess . . . . .	·1	·1	·1
{ Congestion and Inflammation . . . . .	·6	·9	·7
Scurvy . . . . .	·9	2·0	1·4
Venereal Diseases . . . . .	16·1	18·4	16·4
ALL CAUSES . . . . .	666·2	544·6	584·2
IV.—DEATH RATE OF THE YEAR—			
Cholera . . . . .	·11	·21	·14
Small-pox . . . . .	·09	·04	·06
Enteric Fever . . . . .	·62	·32	·43
Malaria . . . . .	·26	·36	·28
Malta Fever . . . . .	·03	...	·02
Pyrexia of uncertain origin . . . . .	·15	·13	·13
Plague . . . . .	·03	·11	·06
Circulatory Diseases . . . . .	·28	·19	·24
Tubercle of the lungs . . . . .	·51	·32	·39
Pneumonia . . . . .	2·40	1·65	1·88
Respiratory Diseases . . . . .	·23	·21	·21
Dysentery . . . . .	·20	·09	·14
Diarrhœa . . . . .	·06	·02	·04
Hepatic Abscess . . . . .	·05	·06	·05
Anæmia and Debility . . . . .	·05	·06	·05
ALL CAUSES . . . . .	6·72	5·27	5·62
V.—PERCENTAGE IN 100 ADMISSIONS—			
Influenza . . . . .	·51	·46	·50
Cholera . . . . .	·02	·05	·03
Small-pox . . . . .	·05	·08	·06
Enteric Fever . . . . .	·42	·34	·37
Malaria . . . . .	35·14	25·25	30·78
Malta Fever . . . . .	·03	·01	·02
Pyrexia of uncertain origin . . . . .	3·25	4·88	3·80
Plague . . . . .	·02	·02	·02
Tubercle of the lungs . . . . .	·41	·38	·40
Pneumonia . . . . .	2·26	1·69	2·02
Respiratory Diseases . . . . .	2·84	4·18	3·67
Dysentery . . . . .	5·29	5·12	5·44
Diarrhœa . . . . .	1·01	1·61	1·31
Hepatic { Abscess . . . . .	·01	·02	·01
{ Congestion and Inflammation . . . . .	·08	·16	·11
Scurvy . . . . .	·13	·37	·24
Venereal Diseases . . . . .	2·41	3·37	2·81
VI.—PERCENTAGE IN 100 DEATHS—			
Cholera . . . . .	1·6	3·9	2·4
Small-pox . . . . .	1·4	·7	1·1
Enteric Fever . . . . .	9·2	6·0	7·7
Malaria . . . . .	3·9	6·7	5·0
Malta Fever . . . . .	·5	...	·3
Pyrexia of uncertain origin . . . . .	2·3	2·5	2·3
Plague . . . . .	·5	2·1	1·1
Circulatory Diseases . . . . .	4·1	3·5	4·2
Tubercle of the lungs . . . . .	7·6	6·0	6·9
Pneumonia . . . . .	35·7	31·2	33·5
Respiratory Diseases . . . . .	3·5	3·9	3·6
Dysentery . . . . .	3·0	1·8	2·6
Diarrhœa . . . . .	·9	·4	·7
Hepatic Abscess . . . . .	·7	1·1	·8
Anæmia and Debility . . . . .	·7	1·1	·9

\* For complete detail of diseases see Table LIII.

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## TABLE XXVII.

### RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table XXVIII.

The actuals will be found in Table XXIX.

RATIO PER 1,000 OF THE AVERAGE STRENGTH.													
	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
	Burma Coast and Bay Islands.	Burma Inland.	Assam.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalaya.	N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	S.-E. Rajputana, Central India, and Gujarat.	Decan.	Western Coast.	South India.	Hill Stations.	Army of India.*
I.—AVERAGE ANNUAL STRENGTH	1,419	2,837	961	2,227	6,712	21,280	18,853	11,979	18,638	1,787	5,437	24,735	131,627
II.—CONSTANTLY SICK RATE OF EACH MONTH—													
January . . . . .	24'7	20'3	28'9	23'0	18'8	20'2	31'1	21'7	20'2	40'0	19'0	21'6	21'3
February . . . . .	18'6	17'3	23'3	16'6	20'1	18'8	26'2	19'1	16'6	31'6	17'6	19'5	18'9
March . . . . .	18'9	23'3	19'7	12'9	16'7	1'6	22'8	17'3	15'7	33'9	16'7	18'0	17'6
April . . . . .	30'3	20'5	22'9	16'6	18'2	16'8	23'0	15'0	16'6	29'6	18'7	17'5	18'2
May . . . . .	24'5	20'2	30'6	13'8	18'2	19'3	29'5	20'7	17'8	27'0	20'6	18'3	20'2
June . . . . .	35'1	25'7	41'6	15'2	15'7	18'0	29'1	18'6	18'2	25'7	20'2	17'6	19'9
July . . . . .	24'3	32'4	42'0	19'9	19'7	17'7	24'7	18'8	18'4	29'9	17'7	17'7	19'9
August . . . . .	19'2	25'7	40'0	20'4	19'9	19'5	26'2	24'0	18'2	28'9	15'3	20'0	20'9
September . . . . .	25'1	24'2	36'9	20'3	23'1	21'9	27'5	22'0	17'2	34'8	17'4	22'9	21'9
October . . . . .	28'0	23'1	34'0	22'8	27'0	24'0	34'7	21'9	17'1	27'3	15'8	22'8	22'8
November . . . . .	25'9	23'6	32'1	21'7	27'1	31'6	39'7	20'5	18'3	35'1	18'5	24'2	23'9
December . . . . .	17'8	19'6	28'6	19'9	25'0	26'2	35'7	21'2	17'9	34'2	19'8	22'2	22'4
OF THE YEAR	24'0	22'9	32'3	19'3	20'9	21'0	29'4	20'4	17'8	31'3	18'0	20'3	20'8
III.—ADMISSION RATE OF THE YEAR—													
Influenza . . . . .	...	1'7	...	...	1'0	2'1	5'6	8	6'0	...	...	2'9	2'9
Cholera . . . . .	...	...	...	...	...	1	...	...	5	6	1'1	3	2
Small-pox . . . . .	...	3	...	...	...	...	6	7	5	6	4	2	3
Enteric Fever . . . . .	...	3	...	4	1'6	3'3	2'5	3'3	1'3	1'7	6	3'1	2'2
Malaria . . . . .	69'1	194'7	390'2	79'5	203'4	163'6	419'3	218'1	90'8	241'7	84'8	124'0	179'8
Malta Fever . . . . .	...	...	...	...	...	2	2	...	1	...	...	2	1
Pyrexia of uncertain origin . . . . .	193'8	86'9	2'1	44'5	12'2	27'3	21'1	5'8	23'1	7'8	16'9	16'7	22'2
Plague . . . . .	...	...	...	...	1	2	1	3	1	6	2	1	1
Tubercle of the lungs . . . . .	7	1'4	1'0	1'8	2'8	2'7	2'9	2'1	1'2	1'1	1'5	3'5	2'3
Pneumonia . . . . .	2'8	1'0	11'4	8'1	13'1	16'5	19'1	9'7	6'7	5'0	11'8	12'5	11'8
Respiratory Diseases . . . . .	50'0	18'4	41'6	20'7	15'9	14'5	25'9	15'7	16'3	56'0	15'6	24'7	21'4
Dysentery . . . . .	74'7	11'8	56'2	67'8	43'4	27'9	49'2	18'8	25'9	83'9	29'2	20'6	31'8
Diarrhoea . . . . .	3'5	8'0	23'9	6'3	6'4	4'3	11'7	4'3	7'8	12'3	5'5	8'4	7'6
Hepatic { Abscess . . . . .	...	...	...	...	1	1	1	3	1	...	2	1	1
{ Congestion . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
{ Inflammation . . . . .	1'4	2'1	...	2'7	7	6	4	5	1'2	1'7	6	4	7
Scurvy . . . . .	1'4	3	15'6	2'2	9	4	1'1	9	6	2'8	2	2'2	1'4
Venereal Diseases . . . . .	14'8	15'6	14'6	10'3	17'9	20'4	11'4	16'8	10'7	48'1	22'3	14'6	16'4
ALL CAUSES	727'3	653'3	983'4	474'6	601'2	546'5	1,014'4	607'0	455'5	792'9	455'2	480'9	584'2
IV.—DEATH RATE OF THE YEAR—													
Cholera . . . . .	...	...	...	...	...	14	...	...	43	56	37	16	14
Small-pox . . . . .	...	...	...	...	...	05	05	...	...	...	18	20	06
Enteric Fever . . . . .	...	...	...	45	74	56	64	50	11	56	...	73	43
Malaria . . . . .	70	1'04	1'04	45	15	23	21	33	27	1'12	37	24	28
Malta Fever . . . . .	...	...	...	...	...	...	11	...	...	...	...	...	02
Pyrexia of uncertain origin . . . . .	...	...	...	4 5	60	23	...	17	11	...	...	08	13
Plague . . . . .	...	...	...	...	...	09	...	25	05	56	18	...	06
Circulatory Diseases . . . . .	...	...	...	...	45	23	27	...	11	...	74	28	24
Tubercle of the lungs . . . . .	...	35	...	45	30	23	37	...	11	1'12	18	1'17	39
Pneumonia . . . . .	2'11	35	...	45	1'94	3'20	2'76	1'34	97	...	1'47	2'47	1'88
Respiratory Diseases . . . . .	70	...	...	...	...	33	33	...	16	1'12	...	28	21
Dysentery . . . . .	...	...	1'04	45	45	23	16	...	05	56	...	12	14
Diarrhoea . . . . .	...	...	...	45	...	09	05	08	...	...	...	...	04
Hepatic Abscess . . . . .	...	...	...	...	...	05	05	17	05	...	...	04	05
Anæmia and Debility . . . . .	70	...	...	...	...	05	05	...	05	...	...	08	05
ALL CAUSES	7'05	3'46	3'12	4'04	5'66	7'57	6'74	3'76	3'76	6'72	5'52	7'77	5'62
V.—PERCENTAGE IN 100 ADMISSIONS—													
Influenza . . . . .	...	27	...	...	17	39	55	12	1'31	...	...	61	50
Cholera . . . . .	...	...	...	...	...	03	...	...	11	07	24	06	03
Small-pox . . . . .	...	0'5	...	...	...	04	06	11	12	07	08	04	06
Enteric Fever . . . . .	...	0'5	...	00	27	61	25	54	29	21	12	64	37
Malaria . . . . .	9'50	29'80	39'68	16'75	33'83	29'94	41'34	35'94	19'93	30'49	18'63	25'70	30'78
Malta Fever . . . . .	...	...	...	...	...	04	02	...	02	...	...	03	02
Pyrexia of uncertain origin . . . . .	26'65	13'31	21	9'37	2'03	5'00	2'08	95	5'07	99	3'72	3'45	3'80
Plague . . . . .	...	...	...	...	02	03	01	...	02	07	04	02	02
Tubercle of the lungs . . . . .	10	21	11	38	47	49	28	34	27	14	32	72	40
Pneumonia . . . . .	39	16	1'16	1'70	2'18	3'03	1'89	1'60	1'46	64	2'50	2'59	2'02
Respiratory Diseases . . . . .	6'88	2'81	4'23	4'35	2'65	2'65	2'55	2'59	3'58	7'06	3'43	5'15	3'67
Dysentery . . . . .	10'27	1'80	5'71	14'29	7'21	5'11	4'85	3'09	5'69	10'59	6'42	4'28	5'44
Diarrhoea . . . . .	48	1'22	2'43	1'32	1'07	78	1'15	72	1'71	1'55	1'21	1'76	1'51
Hepatic { Abscess . . . . .	...	...	...	...	02	02	01	04	01	...	04	02	01
{ Congestion . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
{ Inflammation . . . . .	19	32	...	57	12	10	04	08	27	21	12	08	11
Scurvy . . . . .	19	05	1'59	47	15	07	11	15	13	35	04	45	24
Venereal Diseases . . . . .	2'03	2'39	1'48	2'18	2'97	3'74	1'12	2'76	4'34	6'07	4'89	3'04	2'81
VI.—PERCENTAGE IN 100 DEATHS—													
Cholera . . . . .	...	...	...	...	...	1'0	...	...	11'4	8'3	6'7	2'1	2'5
Small-pox . . . . .	...	...	...	...	...	6	8	...	...	...	3'3	2'6	1'1
Enteric Fever . . . . .	...	...	...	11'1	13'2	7'5	9'4	13'3	2'9	8'3	...	9'4	7'8
Malaria . . . . .	10'0	30'0	33'3	11'1	2'6	3'1	3'1	8'9	7'1	16'7	6'7	3'1	4'9
Malta Fever . . . . .	...	...	...	...	...	...	1'6	...	...	...	...	...	3
Pyrexia of uncertain origin . . . . .	...	...	...	11'1	10'5	3'1	...	4'4	2'9	...	...	1'0	2'3
Plague . . . . .	...	...	...	...	...	1'2	...	6'7	1'4	8'3	3'3	...	1'1
Circulatory Diseases . . . . .	...	...	...	...	7 9	3'1	3'9	...	2'9	...	13'3	3'6	4'2
Tubercle of the lungs . . . . .	...	10'0	...	11'1	5'3	3'1	5'5	...	2'9	16'7	3'3	15'1	7'0
Pneumonia . . . . .	30'0	10'0	...	11'1	34'2	42'2	40'9	35'6	25'7	...	26'7	31'8	33'8
Respiratory Diseases . . . . .	10'0	...	...	...	4'3	4'3	4'7	...	4'3	16'7	...	3'6	3'6
Dysentery . . . . .	...	...	33'3	11'1	7'9	3'1	2 4	...	1'4	8'3	...	1'6	2'5
Diarrhoea . . . . .	...	...	...	11'1	...	1'2	8	2'2	...	...	...	...	7
Hepatic Abscess . . . . .	...	...	...	...	...	6	8	4'4	1'4	...	...	5	8
Anæmia and Debility . . . . .	10'0	...	...	...	...	6	8	...	1'4	...	...	1'0	8

\* Including Group Extra India. For complete detail of diseases see Table LIII.



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## TABLE XXVIII.

RATIOS of STATIONS, GROUPS, and ARMIES.

For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.													2. DEATH RATE.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Malta Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhœa.	
Port Blair . . .	228 {	...	...	...	...	223'7	...	4'4	...	...	4'4	8'8	48'2 4'39	96'5	4'4	...	...	...	52'6	35'1	767'5 8'77	30'7	26'3	8'8	...	
Rangoon . . .	1,191 {	...	...	...	...	39'5 84	...	230'1	...	4'2	...	1'7 2'52	50'4	70'5	3'4	...	1'7	1'7	14'3 84	10'9	719'6 6'72	22'7	8	5'9	4'2	
GROUP I.—BURMA COAST AND BAY ISLANDS. }	1,419 {	...	...	...	...	69'1 70	...	193'8	...	3'5	7	2'8 2'11	50'0 70	74'7	3'5	...	1'4	1'4	20'4 70	14'8	727'3 7'05	24'0	4'9	6'3	3'5	
Mektila . . .	637 {	...	...	1'6	...	80'1 1'57	...	9'4	...	...	3'1	1'6	11'0	7'8	4'7	...	...	...	3'1	14'1	337'5 4'71	18'8	7'8	3'1	3'1	
Fort Dufferin . . .	1,339 {	7	...	...	7	171'0 1'49	...	8'2	...	1'5	7 75	...	17'2	14'9	3'7	...	7	7	3'0	17'2	562'4 3'73	20'9	8'2	5'2	3'7	
Bhamo . . .	911 {	4'4	...	...	...	309'6	...	256'9	...	...	1'1	2'2 1'10	25'2	9'9	16'5	...	5'5	...	18'7	14'3	1,007'7 2'20	28'5	5'5	3'3	5'5	
GROUP II.—BURMA INLAND }	2,887 {	1'7	...	3	3	194'7 1'04	...	86'9	...	7	1'4 35	1'0 35	18'4	11'0	8'0	...	2'1	3	8'0	15'6	653'3 3'46	22'9	7'3	4'2	4'2	
Manipur . . .	592 {	...	...	...	...	310'8	...	1'7	...	...	...	5'1	20'3	28'7	32'1	...	...	3'4	55'7	15'2	908'8 1'69	30'4	15'2	...	...	
Sadiya . . .	65 {	...	...	...	...	430'8	...	...	...	...	...	...	76'...	15'4	30'8	...	...	...	46'2	15'4	815'4	30'3	...	...	15'4	
Dibrugarh . . .	304 {	...	...	...	...	536'2 3'29	...	3'3	...	3'3	3'3	26'3	75'7	118'4 3'29	6'6	...	...	42'8	3'3	15'2	1,164'5 6'58	36'2	6'6	...	6'6	
GROUP III.—ASSAM . }	961 {	...	...	...	...	390'2 1'04	...	2'1	...	1'0	1'0	11'4	41'6	56'2 1'04	23'9	...	...	15'6	38'5	14'6	983'4 3'12	32'3	11'4	...	3'1	
Fort William . . .	652 {	...	...	...	...	78'2	...	47'5 1'53	...	...	6'1 1'53	15'3 1'53	12'3	50'6	9'2	...	1'5	3'1	55'2	12'3	441'7 4'60	21'5	9'2	1'5	1'5	
Alipore . . .	763 {	...	...	...	1'3 1'31	100'9	...	10'5	...	3'9	...	5'2	14'4	44'6	1'3	...	3'9	1'3	17'0	9'2	326'3 1'31	13'1	2'6	5'2	1'3	
Barrackpore . . .	658 {	...	...	...	...	45'6	...	91'2	...	...	...	4'6	38'0	118'5 1'52	3'0 1'52	...	3'0	...	28'9	7'6	668'7 4'56	21'3	...	3'0	4'6	
Buxa . . .	154 {	...	...	...	...	123'4 6'49	...	...	...	...	...	6'5	13'0	39'0	32'5	...	...	13'0	19'5	19'5	519'5 12'99	32'5	6'5	13'0	...	
GROUP IV.—BENGAL AND ORISSA }	2,227 {	...	...	...	4	79'5	...	44'5	...	1'3	1'8	8'1	20'7	67'8	6'3	...	2'7	2'2	31'9	10'3	474'6 4'04	19'3	4'0	4'0	2'2	



# NATIVE TROOPS, 1909.

## TABLE XXVIII—continued.

RATIOS of STATIONS, GROUPS, and ARMIES.

For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE.													
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Malta Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhoea.
<b>B.</b>																									
Dinapore . . .	721 {	...	...	...	1'4	83'2	...	2'8	1'4	2'8	6'9	9'7	8'3	29'1	2'8	1'4	1'4	...	4'2	5'5	255'2 } 2'77	12'5	2'8	...	2'8
Benares . . .	592 {	6'8	...	...	8'4	133'4	...	...	...	...	3'4	6'8	22'0	59'1	5'1	...	1'7	...	3'4	49'0	618'2 } 3'38	25'3	13'5	23'3	10'1
Allahabad . . .	1,082 {	...	...	...	...	193'2	...	4'16	...	1'8	2'8	12'0	7'4	61'0	'9	...	...	...	12'9	9'2	573'9 } 7'39	20'3	1'8	5'5	1'8
Fyzabad . . .	1,222 {	...	...	...	8	192'3	...	...	...	...	1'6	18'8	7'4	31'1	3'3	...	1'6	8	6'5	18'0	554'0 } 6'55	18'0	7'4	4'9	5'7
Lucknow . . .	1,790 {	...	...	...	1'1	321'8	...	19'0	...	1'1	1'1	12'3	31'8	59'2	17'3	...	...	2'8	13'4	16'8	810'1 } 5'03	24'0	8'4	...	8'4
Cawnpore . . .	1,082 {	1'8	...	...	1'8	134'0	...	'9	...	1'8	2'8	15'7	10'2	18'5	1'8	...	'9	...	15'7	15'7	517'6 } 5'55	20'3	4'6	7'4	3'7
Fatehgarh . . .	223 {	4'5	...	...	...	273'5	...	...	...	...	9'0	9'0	13'5	22'4	...	...	...	...	9'0	35'9	793'7 } 13'45	31'4	9'0	13'5	13'5
<b>GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.</b>	6,712 {	1'0	...	...	1'6	203'4	...	12'2	'1	1'2	2'8	13'1	15'9	43'4	6'4	'1	'7	'9	10'4	17'9	601'2 } 5'66	120'9	6'4	5'7	5'8
<b>A.</b>																									
Bareilly . . .	978 {	...	...	...	2'0	276'1	...	48'1	...	...	...	30'7	5'1	32'7	7'2	...	...	...	5'1	55'2	777'1 } 5'11	27'6	24'5	19'4	11'2
Rurki . . .	902 {	...	2'2	1'1	...	6'7	...	51'0	...	...	3'3	6'7	6'7	4'4	3'3	...	...	...	31'0	...	237'3 } 11'09	10'0	...	...	...
Dehra Dun . . .	2,797 {	7'9	...	...	12'5	250'6	...	8'6	...	'4	5'4	12'5	13'6	29'3	2'1	...	...	'4	3'9	38'3	600'3 } 7'15	33'6	8'6	21'5	8'2
Meerut . . .	1,852 {	...	...	...	1'1	302'4	...	9'2	...	...	2'2	6'5	7'0	21'1	4'9	'5	...	'5	9'2	24'8	680'3 } 5'94	23'8	5'4	12'4	7'0
Delhi . . .	1,066 {	...	'9	...	...	281'4	'9	1'9	...	...	'9	26'3	22'5	41'3	19'7	...	...	...	38'5	29'1	738'3 } 12'20	17'8	2'8	16'9	9'4
Ambala . . .	1,635 {	...	...	'6	2'4	122'3	...	11'6	...	...	1'2	9'8	5'5	26'3	1'2	...	2'4	...	6'7	23'9	466'7 } 6'12	19'0	'9'8	7'3	6'7
<b>B.</b>																									
Jullundur . . .	1,609 {	12'4	...	1'2	'6	141'7	...	9'9	...	1'2	3'1	16'8	14'9	43'5	1'9	...	...	'6	9'3	16'2	543'2 } 3'73	19'9	1'9	3'7	10'6
Ferozepore . . .	1,796 {	...	...	...	1'7	86'9	...	2'8	2'2	...	2'8	22'8	8'4	25'1	2'2	'6	...	1'1	3'9	6'1	354'1 } 14'48	17'3	1'1	2'8	2'2
Lahore Cantonment	1,419 {	...	...	'7	5'6	71'9	...	6'3	...	...	'7	28'9	14'1	39'6	'7	...	1'4	...	8'5	10'6	419'3 } 7'05	16'9	3'5	1'4	5'6
Amritsar . . .	110 {	...	...	...	9'1	127'3	...	...	...	...	...	27'3	...	18'2	...	...	9'1	...	9'1	36'4	590'9 } 18'18	18'2	...	27'3	9'1
Sialkot . . .	1,452 {	2'1	...	...	6'2	73'7	2'8	11'0	...	2'1	1'4	9'6	9'0	33'1	5'5	...	1'4	'7	9'6	10'3	493'8 } 4'82	20'7	7'6	...	2'8
Jhelum . . .	3,071 {	...	...	...	1'0	187'6	...	6'8	...	1'6	5'9	25'1	27'4	24'1	7'2	...	...	'3	26'7	9'1	595'2 } 7'49	17'9	1'6	3'6	3'9
Rawalpindi . . .	2,375 {	...	...	...	'8	94'7	...	151'6	...	'4	'4	9'3	21'9	19'4	1'7	...	1'3	...	13'5	20'2	559'2 } 6'74	18'5	2'1	9'7	8'4
Attock . . .	85 {	...	...	...	11'8	247'1	...	...	...	...	...	...	23'5	58'8	...	...	...	11'8	...	...	541'2 } ...	5	...	...	...
Campbellpore . . .	133 {	...	...	...	...	120'3	...	...	...	...	...	...	22'6	30'1	7'5	...	...	...	7'5	82'7	586'5 } 15'04	6	37'6	30'1	15'0
<b>GROUP VI.—UPPER SUB-HIMALAYA.</b>	21,280 {	2'1	'1	'2	3'3	163'6	'2	27'3	2	'6	2'7	16'5	14'5	27'9	4'3	'1	'6	'4	13'0	20'4	546'5 } 7'57	21'0	5'3	8'7	6'4
<b>A</b>																									
Mardan . . .	854 {	...	...	1'2	...	277'5	...	5'9	...	...	9'4	36'3	44'5	39'8	2'3	...	...	...	8'2	21'1	681'5 } 8'20	24'6	5'9	4'7	10'5
Nowshera . . .	3,719 {	24'7	...	'3	'3	337'7	...	65'3	...	3'2	1'1	11'8	12'6	63'5	5'9	...	'5	1'1	20'7	5'9	1,029'3 } 4'84	31'5	1'9	1'9	2'2
Peshawar . . .	2,708 {	1'1	...	'7	1'1	364'1	'	20'3	...	1'1	3'3	29'2	34'7	49'5	7'4	...	'4	1'5	15'5	16'6	925'8 } 9'60	31'8	5'9	4'8	5'9



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.														2. DEATH RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Malta Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhœa.
Fort Jamrud .	103 {	...	...	...	...	242'7	...	...	...	...	...	19'4	9'7	77'7	9'7	...	...	...	19'4	9'7	796'1	19'4	...	...	9'7
Kohat .	2,821 {	...	...	...	...	231'8	...	4'3	...	1'8	3'2	16'7	15'6	28'7	3'2	...	...	...	15'6	12'8	671'0	23'8	4'3	3'5	5'0
Thal .	173 {	...	...	...	...	375'7	...	5'8	5'8	...	...	17'3	40'5	23'1	11'6	...	...	...	...	5'8	913'3	23'1	5'8	...	...
Edwardesabad .	2,015 {	...	...	...	...	714'1	...	7'9	...	2'0	1'5	17'4	28'3	79'4	31'3	...	...	...	16'4	5'0	1,561'8	36'7	1'0	...	3'5
Dera Ismail Khan	2,308 {	...	...	...	...	721'8	1'7	19'9	...	1'7	1'3	18'6	32'5	59'4	25'6	...	...	...	16'5	10'8	1,478'8	37'7	2'2	1'3	7'4
Jatta .	66 {	...	...	...	...	1,151'3	...	...	...	...	...	15'2	60'6	90'9	45'5	...	...	...	...	...	2,030'3	30'3	...	...	...
Drazinda .	57 {	...	...	...	...	1,140'4	...	...	...	...	...	...	...	228'1	70'2	...	...	...	...	...	1,771'9	35'1	...	...	...
Fort Zam .	65 {	...	...	...	...	907'7	...	...	...	...	...	...	...	123'1	30'8	...	...	...	15'4	...	1,815'4	30'8	...	...	...
Multan .	1,820 {	...	...	...	...	212'6	...	3'8	...	...	...	16'5	20'3	24'2	2'7	...	...	...	11'5	12'6	582'4	17'6	3'8	...	8'2
B.																									
Jandola .	161 {	...	...	...	...	1,472'0	...	...	...	...	...	...	18'6	136'6	...	6'2	...	...	6'2	...	2,055'9	31'1	...	...	...
Sibi .	66 {	...	...	...	...	621'2	...	...	...	...	...	...	...	45'5	...	...	...	...	30'3	...	984'8	15'2	...	...	...
C.																									
Jacobabad .	433 {	...	...	...	...	526'6	...	18'5	...	...	4'6	41'6	39'3	78'5	...	...	...	...	6'9	4'6	990'8	27'7	...	...	4'6
Hyderabad (Sind) .	813 {	...	...	...	...	294'0	...	4'9	...	...	3'7	24'6	16'0	22'1	14'8	...	1'2	2'5	33'2	16'0	803'2	28'3	2'5	9'8	3'7
Karachi .	671 {	...	...	...	...	366'6	...	1'5	...	...	6'0	11'9	76'0	32'8	23'8	...	...	1'5	1'5	26'8	928'3	25'3	3'0	8'9	14'9
GROUP VII.—N. W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJ-PUTANA.	18,853 {	5'6	...	...	...	419'3	...	21'1	...	1'9	2'9	19'1	25'9	49'2	11'7	...	...	...	15'9	11'4	1,014'4	29'4	3'1	2'8	5'4

# NATIVE TROOPS, 1909.

## TABLE XXVIII—continued.

RATIOS of STATIONS, GROUPS, and ARMIES.

For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.													2. DEATH RATE.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Malta Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhœa.	
A																										
Bhuj . . . .	156 {	...	...	...	...	378'2	...	...	...	...	6'4	32'1	19'2	19'2	...	6'4	...	...	...	25'6	801'3	19'2	12'8	12'8	...	
Rajkot . . . .	102 {	...	...	...	...	137'3	...	58'8 9'80	...	9'8	...	9'8	39'2	...	...	...	...	...	...	...	509'8 9'80	9'8	...	...	...	
Deesa . . . .	555 {	...	...	...	...	196'4	...	27'0 1'80	...	...	...	12'6	32'4	10'8	7'2	...	...	7'2 1'80	7'2	7'2	749'5 5'41	25'2	1'8	...	5'4	
Ahmedabad . .	537 {	...	...	...	...	314'7	...	...	...	...	5'6	18'6 1'86	42'8	26'1	5'6 1'86	...	...	...	3'7	22'3	730'0 3'72	24'2	9'3	5'6	7'4	
Baroda . . . .	679 {	...	...	...	25'0 2 94	207'7 1'47	...	...	...	...	1'5	14'7 2'94	11'8	54'5	1'5	...	4'4	1'5	5'9	28'0	674'5 7'36	29'5	10'3	4'4	13'3	
B																										
Erinpura . . .	584 {	...	...	...	...	155'8	...	...	...	...	1'7	37'7 3'42	18'8	29'1	5'1	...	...	1'7	6'8	6'8	684'9 5'14	20'5	1'7	3'4	1'7	
Neemuch . . .	339 {	...	...	...	...	120'9	...	...	...	...	5'9	5'9	2'9	17'7	...	...	...	...	11'8	14'7	371'7	14'7	5'9	...	8'8	
Deoli . . . .	529 {	...	...	...	...	92'6	...	...	...	...	...	13'2 3'78	18'9	11'3	...	3'8 1'89	...	...	7'6	13'2	291'1 5'67	7'6	3'8	5'7	3'8	
Nasirabad . .	779 {	7'7	...	...	...	236'2	...	30'8	...	1'3	1'3	9'0 1'28	44'9	9'0	...	...	...	2'6	12'8	11'6	735'6 1'28	30'8	3'9	1'3	6'4	
Ajmir . . . .	557 {	...	...	...	...	118'5	...	...	...	...	3'6	10'8 1'80	9'0	5'4	1'8	...	...	...	...	7'2	407'5 1'80	16'2	5'4	...	1'8	
Jaipur . . . .	39 {	...	...	...	...	102'6	...	...	...	...	...	51'3 25'64	...	...	...	...	...	...	...	76'9	282'1 25'64	25'6	76'9	...	...	
Agra . . . .	764 {	...	...	...	3'9	443'7 2'62	...	...	...	1'3	...	14'4 3 93	10'5	30'1	3'9	1'3 1'31	...	...	9'2	9'2	666'2 7'85	19'6	3'9	1'3	3'9	



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE.													
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Malta Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhœa.
Gwalior . . .	29 {	...	...	...	...	...	...	34'5	...	...	...	...	...	...	...	...	...	...	...	...	34'5	...	...	...	...
Jhansi . . .	2,733 {	...	...	...	1'8 37	301'9	...	...	...	1'8	3'7 37	11'7	19'8	8'8	...	...	...	...	12'1	26'0	746'8 2'20	20'1	7'0	8'4	10'6
Nowgong . . .	882 {	...	...	...	5'7 2'27	148'5 1'13	...	...	...	4'5	7'9 1'13	5'7	17'0	4'5	...	...	...	...	17'0	19'3	446'0 4'54	19'3	6'8	4'5	7'9
Goona . . .	396 {	...	...	...	7'6	73'2	...	5'1	...	...	2'5	5'1	17'7	...	...	...	...	...	2'5	12'6	282'8 5'05	15'2	7'6	2'5	2'5
Agar . . .	361 {	...	...	...	...	24'9	...	2'8	...	5'5	2'8	11'1	8'3	...	...	...	...	...	33'2	5'5	277'0 2'77	13'9	5'5	...	...
Sehore . . .	655 {	15	...	...	6'1 1'53	177'1	...	1'5	...	1'5	12'2 1'53	13'7	10'7	...	...	...	...	...	13'7	12'2	679'4 4'58	22'9	...	1'5	10'7
Indore . . .	23 {	...	...	...	...	43'5	...	...	43'5	...	43'5	...	...	...	...	...	...	...	...	...	130'4 43'43	7'2	...	...	...
Mhow . . .	1,280 {	1'6	...	6'3	...	184'4	...	14'8	1'6 1'56	1'6	2'3	1'6	6'3	13'3	4'7	...	1'6	2'3	3'1	15'6	570'3 1'56	19'5	3'9	3'1	8'6
GROUP VIII.— SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT .	11,979 {	8	...	7	3'3 50	218'1 33	...	5'8 17	3 25	5	2'1	9'7 1'34	15'7	18'8	4'3 08	3 17	5 08	9	9'4	16'8	607'0 3'76	20'4	5'6	4'0	7'2
A																									
Saugor . . .	1,180 {	...	...	...	...	128'0	...	...	...	8	8'5 85	3'4 85	12'7	2'5	...	...	...	...	5'9	10'2	261'0 1'69	11'9	2'5	5'1	2'5
Sutna . . .	33 {	...	...	...	...	181'8	...	...	...	...	...	...	30'3	...	...	30'3	...	...	...	...	606'1	30'3	...	...	...
Jubbulpore . . .	2,075 {	...	...	5	2'4	305'5 48	...	4'8	...	5	1'0	4'8	33'7	82'9	13'0	...	1'4	...	7'2	17'3	1,010'6 1'93	29'4	4'3	2'4	10'6
Kampti . . .	616 {	...	...	...	...	89'3	...	69'8	...	1'6	1'6	9'7 3'25	6'5	...	4'9	...	...	...	1'6	16'2	425'3 4'87	14'6	1'6	8'1	6'5
B																									
Aurangabad . . .	1,480 {	...	1'4 1'35	1'4	...	106'8	...	28'4	...	2'0	3'4	4'1 1'35	8'8	10'1	2'7	...	...	7	7'4	15'5	457'4 4'73	15'5	6'1	4'7	4'7
Ahmednagar . . .	1,197 {	...	...	1'7	1'7	41'8 1'67	...	15'9	...	...	3'3	8'4	13'4	25'1	3'3	...	1'7	4'2	7'5	16'7	421'9 1'67	23'4	6'7	5'8	4'2
Bolarum . . .	1,890 {	...	...	...	...	29'1	1'1	23'8 53	...	...	53	6'3 1'06	16'4	9'0	15'3	...	...	2'1	10'1	9'5	285'2 4'23	12'7	5'8	1'1	2'6
Secunderabad . . .	3,626 {	1'7 28	6 28	...	1'4	42'2	...	23'2	...	1'1	6	5'5 83	7'2 55	25'4 28	6	...	1'7	...	13'0 28	11'6	312'5 3'31	11'9	5'0	1'7	5'0
Belgaum . . .	2,137 {	2'3	1'9 1'87	...	1'4	36'0 47	...	23'4 47	...	5 94	1'4	9'8 94	22'5	25'7	9'8	...	...	5	5'1	36'0	358'0 6'55	18'2	1'9	21'5	12'6
Satara . . .	126 {	...	...	...	...	55'6	...	...	15'9 7'94	...	...	...	7'9	39'7	...	...	...	...	...	15'9	277'8 7'94	15'9	15'9	...	...

\* Worked on aggregate.

# NATIVE TROOPS, 1909.

## TABLE XXVIII—continued.

RATIOS of STATIONS, GROUPS, and ARMIES.

For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.															2. DEATH RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Malta Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhœa.	
Poona . . .	2,356 {	...	.4 .42	.8 ...	3.0 .42	50.9 .42	...	23.8 ...	...	2.5 ...	.4 ...	3.8 ...	16.2 ...	24.6 ...	3.0 ...	.4 .42	.47 ...	...	6.4 ...	34.8 ...	421.9 3.82	20.4	10.2	7.6	17.0	
Kirkee . . .	1,922 {	30.7 ...	...	1.6 ...	1.6 .52	117.6 ...	...	42.1 ...	...	.5 ...	2.1 .52	10.4 3.12	34.9 ...	12.0 ...	23.4 ...	...	...	...	3.1 ...	23.9 ...	600.4 4.16	20.3	10.4	5.2	8.3	
GROUP IX.— DECCAN.	18,638 {	6.0 .05	.5 .43	.5 ...	1.3 .11	50.8 .27	.1 ...	23.1 .11	.1 .05	.9 .11	1.2 .11	6.7 .97	16.3 .16	25.9 .05	7.8 ...	.1 .05	.12 ...	.6 ...	7.6 .05	19.7 ...	455.5 3.76	17.8	5.8	6.0	7.9	
Bombay . . .	711 {	...	1.4 1.41	1.4 ...	1.4 ...	330.5 1.41	...	2.8 ...	1.4 1.41	8.4 ...	2.8 2.81	5.6 ...	80.2 1.41	49.2 ...	19.7 ...	...	1.4 ...	4.2 ...	7.0 ...	59.1 ...	789.0 9.85	35.2	25.3	21.1	12.7	
Santa Cruz . . .	656 {	...	...	...	3.0 .52	289.6 ...	...	3.0 ...	...	...	...	4.6 ...	62.5 15	157.0 1.52	9.1 ...	...	...	1.5 ...	1.5 ...	13.7 ...	983.2 6.10	33.5	1.5	9.1	3.0	
Cannanore . . .	347 {	...	...	...	...	11.5 2.88	...	28.8 ...	...	5.8 ...	...	5.8 ...	...	20.2 ...	...	...	2.9 ...	2.9 ...	5.8 ...	92.2 ...	507.2 2.88	23.1	37.5	8.6	46.1	
Trivandrum . . .	73 {	...	...	...	...	41.1 ...	...	...	...	...	...	...	27.4 ...	68.5 ...	27.4 ...	...	13.7 ...	...	...	41.1 ...	479.5 ...	13.7	...	...	41.1	
GROUP X.— WESTERN COAST.	1,787 {	...	.6 .56	.6 ...	1.7 .56	241.7 1.12	...	7.8 ...	.6 .56	4.5 ...	1.1 1.12	5.0 ...	56.0 1.12	83.9 .56	12.3 ...	...	1.7 ...	2.8 ...	4.5 ...	48.1 ...	792.9 6.72	31.3	17.9	13.4	16.8	
A																										
Bellary . . .	517 {	...	...	...	...	67.7 1.93	...	27.1 ...	...	...	1.9 ...	1.9 ...	9.7 ...	9.7 ...	...	...	...	...	3.9 ...	27.1 ...	355.0 3.87	17.4	...	9.7	17.4	
Bangalore . . .	3,837 {	...	...	.5 .26	.3 ...	109.2 1.26	...	8.6 ...	.3 .26	2.6 .52	.8 ...	15.4 2.08	16.2 ...	34.7 ...	6.8 ...	.3 ...	.8 ...	.3 ...	6.8 ...	23.5 ...	508.2 5.73	19.8	10.9	5.2	7.3	
B																										
Trichinopoly . . .	436 {	...	13.8 4.59	...	2.3 ...	2.3 ...	...	68.8 ...	...	4.6 2.29	4.6 ...	2.3 ...	22.9 ...	18.3 ...	9.2 ...	...	...	...	6.9 ...	27.5 ...	419.7 6.88	13.8	20.6	...	6.9	
St. Thomas' Mount. }	501 {	...	...	...	...	10.0 ...	...	24.0 ...	...	4.0 2.00	4.0 2.00	6.0 ...	8.6 ...	8.0 ...	...	...	...	...	16.0 ...	8.0 ...	207.6 5.99	10.0	6.0	...	2.0	
Madras . . .	146 {	...	...	...	5.8 ...	6.8 ...	...	20.5 ...	...	...	...	...	27.4 ...	61.6 ...	...	...	...	...	6.8 ...	6.8 ...	369.9 ...	13.7	...	6.8	...	
GROUP XI.— SOUTHERN INDIA.	5,437 {	...	1.1 .37	.4 .18	.6 ...	84.8 .37	...	16.9 ...	.2 .18	2.6 .74	1.5 .18	11.8 1.47	15.6 ...	29.2 ...	5.5 ...	.2 ...	.6 ...	.2 ...	7.4 ...	22.3 ...	455.2 5.52	18.0	9.9	4.8	7.5	
Maymyo . . .	999 {	...	...	1.0 1.00	2.0 ...	141.1 ...	...	6.0 ...	...	4.0 1.00	2.0 1.00	11.0 1.00	46.0 1.00	9.0 ...	15.0 ...	1.0 1.00	...	1.0 ...	6.0 ...	15.0 ...	665.7 6.01	22.0	4.0	8.0	3.0	
Kohima . . .	152 {	...	...	...	6.6 6.58	657.9 16.58	...	39.5 ...	...	...	...	65.8 39.47	32.9 ...	26.3 ...	13.2 ...	...	...	...	26.3 ...	13.2 ...	1,151.3 65.79	39.5	13.2	...	...	
Shillong . . .	757 {	...	...	...	14.5 2.64	232.5 ...	...	80.6 ...	...	1.3 ...	5.3 2.64	13.2 ...	14.5 ...	35.7 ...	27.7 ...	...	...	...	4.0 ...	35.7 ...	992.1 5.28	29.1	10.6	4.0	21.1	
Gangtok . . .	131 {	...	...	...	...	7.6 ...	...	...	...	...	...	...	30.5 ...	7.6 ...	15.3 ...	...	...	...	7.6 ...	7.6 ...	167.9 ...	7.6	7.6	...	...	
Gyantse . . .	49 {	...	...	...	...	20.4 ...	...	...	...	20.4 ...	...	40.8 40.82	...	...	20.4 ...	...	...	...	...	...	204.1 40.82	20.4	...	...	...	
Almora . . .	1,038 {	...	6.7 3.85	...	8.7 .96	71.3 ...	1.9 ...	72.3 ...	...	1.9 11.93	2.9 ...	5.8 ...	41.3 ...	27.9 ...	8.7 ...	...	1.9 ...	...	7.7 ...	51.1 ...	571.3 7.71	26.0	6.7	25.0	19.3	



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.														2. DEATH RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Malta Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhoea.
Naini Tal .	76 {	..	..	..	13'2	92'1	..	78'9	..	..	..	..	52'6	184'2	39'5	..	..	..	13'2	26'3	967'9	26'3	..	26'3	..
Lansdowne .	2,814 {	2'1	..	..	1'1	74'6	..	5'3	..	..	3'9	7'5	7'8	22'0	1'1	..	..	..	3'6	4'3	278'6	13'5	..	1'1	3'2
		..	..	..	36	36	..	..	..	..	2'49	7'1	36	..	..	..	..	..	..	..	7'82	..	..	..	..
Simla .	860 {	..	..	..	2'3	76'7	..	5'8	..	1'2	5'8	9'3	22'1	43'0	1'2	1'2	1'2	1'2	20'9	8'1	400'0	19'8	4'7	2'3	1'2
		..	..	..	..	..	..	..	..	1'16	..	1'16	..	..	..	..	..	..	..	..	2'33	..	..	..	..
Jutogh .	190 {	..	..	..	..	73'7	..	..	..	5'3	..	10'5	15'8	57'9	..	..	..	..	5'3	5'3	284'2	15'8	5'3	..	..
		..	..	..	..	..	..	..	..	..	..	5'26	..	..	..	..	..	..	..	..	5'26	..	..	..	..
Dharmasala .	1,433 {	..	..	..	..	118'6	..	..	..	..	7	4'9	8'4	5'6	4'9	..	1'4	..	2'8	14'7	330'8	9'8	4'9	7	9'1
		..	..	..	..	70	..	..	..	..	..	2'79	..	..	..	..	..	..	..	..	4'19	..	..	..	..
Bakloh .	1,345 {	43'9	..	..	..	158'4	..	..	..	3'7	3'7	4'5	14'9	10'4	3'0	..	..	..	8'2	5'2	411'9	14'9	3'0	..	2'2
		..	..	..	..	..	..	..	..	74	3'72	1'49	74	..	..	..	..	..	..	..	8'92	..	..	..	..
Khairagali .	82 {	..	..	..	..	256'1	..	24'4	..	12'2	..	12'2	36'6	..	48'8	..	..	..	..	36'6	768'3	24'4	..	..	36'6
		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Baragali .	75 {	..	..	..	..	146'7	..	26'7	..	..	..	..	26'7	..	..	..	..	..	..	26'7	426'7	13'3	26'7	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	13'33	..	..	..	..
Kalabagh .	71 {	..	..	..	14'1	70'4	..	28'2	..	..	..	..	28'2	84'5	14'1	..	..	..	14'1	28'2	746'5	28'2	..	14'1	14'1
		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chitral .	174 {	5'7	..	..	..	92'0	..	40'2	..	5'7	..	11'5	..	5'7	..	..	..	..	5'7	23'0	390'8	17'2	11'5	5'7	5'7
		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Kila Drosh .	714 {	..	..	..	4'2	161'1	1'4	56'0	..	28'0	3'8	2'8	8'4	9'8	..	..	2'8	..	7'0	23'8	620'4	37'8	18'2	2'8	2'8
		..	..	..	4'20	..	..	..	..	2'80	..	..	..	..	..	..	..	..	..	..	11'20	..	..	..	..
Malakand .	859 {	..	..	..	..	176'9	..	1'2	2'3	..	2'3	18'6	39'6	12'8	5'8	..	..	..	21'0	4'7	493'6	17'5	3'5	..	1'2
		..	..	..	..	..	..	..	..	..	1'16	..	1'16	..	..	..	..	..	..	..	2'33	..	..	..	..
Dargai .	405 {	..	..	..	4'9	259'3	..	..	..	..	..	42'0	7'4	24'7	..	..	..	..	19'8	4'9	595'1	19'8	..	2'5	2'5
		..	..	..	2'47	..	..	..	..	..	..	7'41	..	..	..	..	..	..	2'47	..	12'35	..	..	..	..
Chakdara .	306 {	..	..	..	..	679'7	..	..	..	..	3'2	9'8	22'9	22'9	3'3	..	..	..	16'3	..	918'3	19'6	..	..	..
		..	..	..	..	..	..	..	..	..	..	3'27	..	..	..	..	..	..	..	..	3'27	..	..	..	..
Abbottabad .	3,481 {	3	..	1'1	4'6	116'9	..	7'8	..	1'4	4'0	14'7	23'3	12'4	9	..	..	6	6'3	24'7	449'6	25'6	2'6	13'5	8'6
		..	..	1'15	29	..	..	..	..	..	1'44	1'15	..	..	..	..	..	..	..	..	5'75	..	..	..	..
Cherat .	60 {	..	..	..	..	200'0	..	..	..	..	..	..	16'7	50'0	16'7	..	..	..	83'3	33'3	933'3	33'3	..	..	33'3
		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fort Lockhart .	1390 {	..	..	..	..	194'9	..	..	..	2'6	2'6	10'3	38'5	12'8	2'6	..	..	..	5'1	2'6	589'7	20'5	..	..	2'6
		..	..	..	..	2'56	..	..	..	..	2'56	2'56	..	..	..	..	..	..	..	..	7'69	..	..	..	..
Hangu .	268 {	..	..	..	..	227'6	..	..	..	..	7'5	29'9	29'9	41'0	..	..	..	..	..	7'5	682'8	22'4	3'7	..	3'7
		..	..	..	..	..	..	..	..	..	..	7'46	..	..	..	..	..	..	..	..	7'46	..	..	..	..
Mir Ali Khel .	99 {	..	..	..	..	292'9	..	..	..	..	..	40'4	50'5	80'8	60'6	..	..	10'1	30'3	10'1	777'8	30'3	10'1	..	..
		..	..	..	..	..	..	..	..	..	..	10'10	..	..	..	..	..	..	..	..	20'20	..	..	..	..
Fort Sandeman .	593 {	..	..	..	1'7	118'0	..	3'4	..	..	5'1	25'3	48'9	10'1	38'8	..	..	3'4	18'5	3'4	502'5	25'3	3'4	..	..
		..	..	..	1'69	1'69	..	1'69	..	..	..	10'12	1'69	1'69	..	..	..	..	1'69	..	23'61	..	..	..	..
Hindu Bagh .	30 {	..	..	..	..	300'0	..	..	..	..	..	33'3	..	266'7	33'3	..	..	..	66'7	33'3	966'7	33'3	..	..	33'3
		..	..	..	..	..	..	..	..	..	..	33'33	..	..	..	..	..	..	..	..	33'33	..	..	..	..
Musa Khel .	30 {	..	..	..	..	66'7	..	33'3	..	..	..	..	..	66'7	..	..	..	..	..	..	233'3	33'3	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Kila Saifulla .	30 {	..	..	..	..	333'3	..	..	..	..	..	..	..	200'0	33'3	..	..	..	..	..	666'7	33'3	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Murgha .	50 {	..	..	..	..	480'0	..	20'0	..	..	..	40'0	20'0	100'0	..	..	..	..	40'0	..	960'0	40'0	..	..	..
		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

# NATIVE TROOPS, 1909.

## TABLE XXVIII—continued.

RATIOS of STATIONS, GROUPS, and ARMIES.

For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.													2. DEATH RATE.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Malta Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhœa.	
Loralai . . .	826 {	...	...	...	...	128'2	...	...	...	...	2'4	26'6 3'63	29'1	4'8	19'4	...	...	4'8	40'0	2'4	525'4 6'05	16'9	...	...	2'4	
Gumbaz . . .	31 {	...	...	...	...	322'6	...	...	...	...	...	...	32'3	...	...	...	...	...	...	...	548'4	32'3	...	...	...	
Quetta . . .	5,053 {	2	...	...	4'6 1'39	62'5 20	2	27'1 20	...	1'0	4'9 1'19	13'7 3'76	31'7 40	17'0 40	21'5	...	6	3'0	10'9	14'6	434'0 10'29	18'8	3'6	2'0	9'1	
Fishin . . .	34 {	...	...	...	...	29'4	...	...	...	...	...	...	29'4	...	...	...	...	...	...	...	58'8	29'4	...	...	...	
Shelabagh . .	76 {	...	...	...	...	144'7	...	39'5	...	...	...	...	118'4	26'3	39'5	...	...	...	13'2	13'2	789'5	13'2	...	...	13'2	
Robat . . .	104 {	28'8	...	...	...	240'4	...	19'2	...	...	...	9'6	144'2	173'1	28'8	...	...	192'3	48'1	...	1,586'5	57'7	...	...	...	
Chaman . . .	663 {	...	...	...	1'5	34'7	...	12'1	...	...	4'5 1'51	10'6 1'51	18'1	7'5	3'0	...	...	1'5	...	4'5	247'4 3'02	13'6	...	1'5	3'0	
Mount Abu . .	79 {	...	...	...	...	379'7	...	...	...	...	...	...	...	25'3	101'3	...	...	...	...	...	848'1	25'3	...	...	...	
Ootacamund . .	78 {	12'8	...	...	...	51'3	...	...	...	...	...	...	25'6	...	12'8	...	...	...	...	51'3	320'5	12'8	51'3	...	...	
Manzai . . .	230 {	...	...	...	...	152'2	...	4'3	...	4'3	...	...	8'7	160'9	13'0	...	...	30'4	13'0	...	669'6 4'35	26'1	...	...	...	
GROUP XII.— HILL STA- TIONS.	24,735 {	2'9	3'16	2'20	3'173	124'0 24	2	16'7 08	1	2'0 28	3'5 1'17	12'5 2'47	24'7 28	20'6 12	8'4	1'04	4	2'2	10'1 08	14'6	480'9 7'77	20'3	3'8	4'4	6'5	
Marching India .	9,794 {	...	...	...	4	102'3	...	4'2	...	3 31	4 10	7'4 41	7'4	23'5	8'4	...	3	9	4'9	5'5	281'5 1'43	4'5	1'2	2'8	1'5	
EXTRA INDIA.																										
(a) In the Indian Command.																										
Chabbar . . .	58 {	...	...	...	...	706'9	...	51'7	...	...	...	7'2	17'2	86'2	...	...	...	86'2	206'9	17'2	1327'6	34'5	...	...	17'2	
Jask . . .	85 {	...	...	...	...	154'7	...	105'9	...	...	11'8	...	47'1	94'1	23'5	...	...	47'1	...	11'8	823'5	23'5	11'8	...	...	
Muscat . . .	22 {	...	...	...	...	454'5	...	...	...	...	45'5	...	45'5	45'5	...	...	...	...	...	90'9	954'5	45'5	45'5	45'5	...	
Bushire . . .	72 {	...	...	...	...	13'9	...	...	...	...	...	...	...	13'9	...	...	...	...	...	...	41'7 27'78	13'9	...	...	...	
Baghdad . . .	39 {	...	...	...	...	...	...	...	...	...	...	25'6 25'64	...	...	...	...	...	...	...	...	25'6 51'28	25'6	...	...	...	
Aden . . .	709 {	...	...	...	...	220'0 1'41	...	124'1 1'41	...	2'8 2'82	2'8 1'41	5'6 1'41	38'1	62'1	33'9	...	...	15'5	26'8	8'5	840'6 7'05	29'6	4'2	1'4	2'8	



STATIONS AND ARMIES.	Average annual strength.	1. ADMISSION RATE.														2. DEATH RATE.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Malta Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhœa.		
Khormaksar .	86 {	..	..	..	..	93'0	..	174'4	..	..	..	..	34'9	93'0	11'6	..	..	..	..	11'6	790'7	23'3	11'6	..	..		
Perim . .	28 {	..	..	..	..	142'9	..	..	..	..	..	..	571'4	35'7	..	..	107'1	..	..	..	964'3	35'7	..	..	..		
(b) Not in the Indian Command:—																											
Colombo . .	716 {	4'2	..	..	2'8	139'7	..	4'2	..	..	..	5'6	61'5	134'1	8'4	..	..	8'4	34'9	11'2	620'1	22'3	'4	2'8	7'0		
Singapore . .	742 {	..	..	..	..	64'7	..	..	..	2'7	2'7	..	32'3	67'4	..	..	1'3	4'0	48'5	25'6	586'3	37'7	16'2	1'3	8'1		
Tien-tsin	792 {	..	..	..	..	2'5	..	13'9	..	1'3	6'3	3'8	53'0	1'3	..	..	..	..	..	34'1	332'1	32'8	8'8	5'1	20'2		
		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2'53					..	..
Hong-Kong	1,569 {	18'5	..	..	..	33'1	..	32'5	..	..	5'7	7'6	128'1	24'2	8'3	..	..	'6	8'3	22'9	563'4	30'6	2'5	5'1	15'3		
		..	..	..	..	..	..	..	..	..	..	'64	'64	'64	..	..	..	..	..	..	3'19					..	..
ARMY OF INDIA.		* 131,627 {	2'9	'2	'3	2'2	179'8	'1	22'2	'1	1'3	2'3	11'8	21'4	31'8	7'6	'1	'7	1'4	11'5	16'4	584'2	20'8	5'0	5'1	6'3	
			'01	'14	'06	'43	'28	'02	'13	'06	'24	'39	1'88	'21	'14	'04	'05	..	'02	'05	'01	5'62	..	'01	..	..	
INDIA . . .		* 127,808 {	2'8	'2	'3	2'2	183'6	'1	22'4	'1	1'3	2'3	12'0	19'6	31'3	7'7	'1	'7	1'3	11'2	16'2	585'8	20'5	5'0	5'1	6'1	
			'01	'14	'06	'45	'28	'02	'13	'06	'24	'40	1'93	'20	'14	'04	'05	..	'02	'05	'01	5'71	..	'01	..	..	
NORTHERN ARMY		64,544 {	3'4	'2	'3	2'8	234'1	'2	21'7	'1	1'5	2'7	15'0	18'9	35'2	6'7	'1	'6	'9	13'3	16'1	666'2	23'2	4'6	5'6	5'9	
			..	'11	'09	'62	'26	'03	'15	'03	'28	'51	2'40	'23	'20	'06	'05	..	'02	'05	'02	6'72	..	'02	..	..	
SOUTHERN „		53,470 {	2'5	'3	'4	1'8	137'5	'1	26'6	'1	1'2	2'1	9'2	22'8	27'9	8'8	'1	'9	2'0	9'0	18'4	544'6	20'2	6'1	5'0	7'3	
			'02	'21	'04	'32	'36	..	'13	'11	'19	'32	1'65	'21	'09	'02	'06	..	'02	'06	..	5'27	..	..	..	..	

\* See foot note at the end of Table XXIX.

# NATIVE TROOPS, 1909.

## TABLE XXIX.

ACTUALS of STATIONS, GROUPS, and ARMIES, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.												2. DEATHS.											
		Influenza. Cholera.	Small-pox.	Enteric fever.	Malaria	Malta Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debi- lity.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	
Port Blair . . . .	228 {	...	...	...	51	...	...	1	...	...	2	11	22	1	...	...	...	12	8	175	7	6	2	...	
Rangoon . . . .	1,191 {	...	...	...	47	...	274	...	5	...	2	60	84	4	...	2	2	17	13	857	27	1	7	5	
GROUP I.—BURMA COAST AND BAY ISLANDS.	1,419 {	...	...	...	98	...	275	...	5	...	4	71	106	5	...	2	2	29	21	1,032	34	7	9	5	
Meiktila . . . .	637 {	...	...	1	51	...	6	...	...	2	1	7	5	3	...	...	...	2	9	215	12	5	2	2	
Fort Dufferin . . .	1,339 {	...	...	1	229	...	11	...	2	1	...	23	20	5	...	1	1	4	23	753	28	11	7	5	
Bhamo . . . .	911 {	4	...	...	282	...	234	...	...	1	2	23	9	15	...	5	...	17	13	918	26	5	3	5	
GROUP II.—BURMA INLAND . . . .	2,887 {	5	...	1	562	...	251	...	...	4	3	53	34	23	...	6	1	23	45	1,886	66	21	12	12	
Manipur . . . .	592 {	...	...	...	184	...	1	...	...	...	3	12	17	19	...	...	2	33	9	538	18	9	...	...	
Sadiya . . . .	65 {	...	...	...	28	...	...	...	...	...	...	5	1	2	...	...	...	3	1	53	2	...	...	1	
Dibrugarh . . . .	304 {	...	...	...	163	...	1	...	1	1	8	23	36	2	...	...	13	1	4	354	11	2	...	2	
GROUP III.—ASSAM .	961 {	...	...	...	375	...	2	...	1	1	11	40	54	23	...	...	15	37	14	945	31	11	...	3	
Fort William . . .	652 {	...	...	...	51	...	31	...	...	4	10	8	33	6	...	1	2	36	8	288	14	6	1	1	
Alipore . . . .	763 {	...	...	1	77	...	8	...	3	...	4	11	34	1	...	3	1	13	7	249	10	2	4	1	
Barrackpore . . .	658 {	...	...	...	30	...	60	...	...	...	3	25	78	2	...	2	...	19	5	440	14	...	2	3	
Buxa . . . .	154 {	...	...	...	19	...	...	...	...	...	1	2	6	5	...	...	2	3	3	80	5	1	2	...	
GROUP IV.—BENGAL AND ORISSA.	2,227 {	...	...	1	177	...	99	...	3	4	18	46	151	14	...	6	5	71	23	1,057	43	9	9	5	



STATIONS AND GROUP.	Average annual strength.	1. ADMISSIONS.															2. DEATHS.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Malta Fever	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	
<b>B</b>																										
Dinapore . . .	721 {	...	...	1	60	...	2	1	2	5	7	6	21	2	1	1	...	3	4	184	9	2	...	2	...	
Benares . . .	592 {	4	...	5	79	...	...	...	...	2	4	13	35	3	...	1	...	2	29	366	15	8	15	6	...	
Allahabad . . .	1,082 {	...	...	...	209	...	45	...	2	3	13	8	66	1	...	...	...	14	10	621	22	2	6	2	...	
Fyzabad . . .	1,222 {	...	...	1	235	...	...	...	...	2	23	9	38	4	...	2	1	8	22	677	22	9	6	7	...	
Lucknow . . .	1,790 {	...	...	2	576	...	34	...	2	2	22	57	106	31	...	5	24	30	1,450	43	15	...	15	...		
Cawnpore . . .	1,082 {	2	...	2	145	...	1	...	2	3	17	11	20	2	...	1	...	17	17	560	22	5	8	4	...	
Fatehgarh . . .	223 {	1	...	...	61	...	...	...	...	2	2	3	5	...	...	...	...	2	8	177	7	2	3	3	...	
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	6,712 {	7	...	11	1,365	...	82	1	8	19	88	107	291	43	1	5	6	70	120	4,035	140	43	38	39		
		...	...	5	1	...	4	...	3	2	13	...	3	...	...	...	...	...	...	38						
<b>A</b>																										
Bareilly . . .	978 {	...	...	2	270	...	47	...	...	...	30	5	32	7	...	...	...	5	54	760	27	24	19	11	...	
Rurki . . .	902 {	...	2	1	6	...	46	...	3	6	6	6	4	3	...	...	...	28	...	214	9	...	...	...	...	
Dehra Dun . . .	2,797 {	22	...	35	701	...	24	...	1	15	35	38	82	6	...	...	1	11	107	1,679	94	24	60	23	...	
Meerut . . .	1,852 {	...	...	2	560	...	17	...	1	4	12	13	39	9	1	...	1	17	46	1,260	44	10	23	13	...	
Delhi . . .	1,066 {	...	1	...	300	1	2	...	1	28	24	24	44	21	...	...	41	31	787	19	3	18	10	...		
Ambala . . .	1,635 {	...	...	1	200	...	19	...	...	2	16	9	43	2	...	4	...	11	39	763	31	16	12	11	...	
<b>B</b>																										
Jullundur . . .	1,609 {	20	...	2	228	...	16	...	2	5	27	24	70	3	...	...	1	15	26	874	32	3	6	17	...	
Ferozepore . . .	1,796 {	...	...	3	156	...	5	4	...	5	41	15	45	4	1	...	2	7	11	636	31	2	5	4	...	
Lahore Cantonment . . .	1,419 {	...	...	1	102	...	9	...	...	1	41	20	56	1	...	2	...	12	15	595	24	5	2	8	...	
Amritsar . . .	110 {	...	...	1	14	...	...	...	...	...	3	...	2	...	...	1	...	1	4	65	2	...	3	1	...	
Sialkot . . .	1,452 {	3	...	9	107	4	16	...	3	2	14	13	48	8	...	2	1	14	15	717	30	11	...	4	...	
Jhelum . . .	3,071 {	...	...	3	576	...	21	...	5	18	77	84	74	22	...	...	1	82	28	1,828	55	5	11	12	...	
Rawalpindi . . .	2,375 {	...	...	2	225	...	360	...	1	1	22	52	46	4	...	3	...	32	48	1,328	44	5	23	20	...	
Attock . . .	85 {	...	...	1	21	...	...	...	...	...	...	2	5	...	...	...	1	...	...	46	2	...	...	...	...	
Campbellpore . . .	133 {	...	...	...	16	...	...	...	...	...	...	3	4	1	...	...	...	1	11	78	3	5	4	2	...	
GROUP VI.—UPPER SUB-HIMALAYA.	21,280 {	45	3	5	7	3,482	5	582	4	13	57	352	308	594	91	2	12	8	277	435	11,630	447	113	186	136	
		...	3	1	12	5	...	5	2	5	5	68	7	5	2	1	...	1	1	1	161					
<b>A</b>																										
Mardan . . .	854 {	...	...	1	237	...	5	...	...	8	31	38	34	2	...	...	...	7	18	582	21	5	4	9	...	
Nowshera . . .	3,719 {	92	...	1	1,256	...	243	...	12	4	44	47	199	22	...	2	4	77	22	3,828	117	7	7	8	...	

# NATIVE TROOPS, 1909.

## TABLE XXIX—continued.

ACTUALS of STATIONS, GROUPS, and ARMIES, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.													
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Malta Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.
Peshawar . . . . .	2,708 {	3	...	2	3	986	...	55	...	3	9	79	94	134	20	...	1	4	42	45	2,507	86	16	13	16
		...	...	...	1	1	...	...	...	...	2	11	1	1	...	...	...	...	...	...	26	...	...	...	...
Fort Jamrud . . . . .	103 {	...	...	...	...	25	...	...	...	...	...	2	1	8	1	...	...	...	2	1	82	2	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kohat . . . . .	2,821 {	1	...	6	10	654	...	12	...	5	9	47	44	81	9	...	...	2	44	36	1,893	67	12	10	14
		...	...	...	2	...	...	...	...	...	...	5	...	1	...	...	...	...	...	...	12	...	...	...	...
Thal . . . . .	173 {	...	...	...	1	65	...	1	1	...	...	3	7	4	2	...	...	...	...	1	158	4	1	...	...
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Edwardesabad . . . . .	2,015 {	3	...	...	17	1,439	...	16	...	4	3	35	57	160	63	...	...	1	33	10	3,147	74	2	1	7
		...	...	...	5	...	...	...	...	...	...	4	3	...	...	...	...	...	...	...	13	...	...	...	...
Dera Ismail Khan . . . . .	2,308 {	1	...	1	4	1,666	4	46	...	4	3	43	75	137	59	...	2	2	38	25	3,413	87	5	3	17
		...	...	...	1	2	2	...	...	...	...	6	...	...	...	...	...	...	1	...	19	...	...	...	...
Jatta . . . . .	66 {	...	...	...	...	76	...	...	...	...	...	1	4	6	3	...	...	...	...	...	134	2	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Drazinda . . . . .	57 {	...	...	...	...	65	...	...	...	...	...	...	...	13	4	...	...	...	...	...	101	2	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Zam . . . . .	65 {	...	...	...	...	59	...	...	...	...	...	...	...	8	2	...	...	...	1	...	118	2	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...
Multan . . . . .	1,820 {	...	...	...	9	387	...	7	1	7	9	30	37	44	5	...	1	5	21	23	1,060	32	7	1	15
		...	...	...	1	...	...	...	...	2	...	3	1	...	...	...	...	...	...	...	10	...	...	...	...
Jandola . . . . .	161 {	...	...	...	...	237	...	...	...	...	...	...	3	22	...	1	...	...	1	...	331	5	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.											2. DEATHS.													
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Malta Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	
Sibi . . . . .	66 {	...	...	...	...	41	...	...	...	...	...	...	...	3	...	...	...	...	2	...	65	1	...	...	...	
<b>C</b> Jacobabad . . . . .	433 {	5	...	...	1	228	...	8	...	...	2	18	17	34	...	...	...	...	3	2	429	4	12	...	...	2
Hyderabad (Sind) . . . . .	813 {	...	...	...	...	239	...	4	...	...	3	20	13	18	12	...	1	2	27	13	653	10	23	2	8	...
Karachi . . . . .	671 {	...	...	...	2	246	...	1	...	...	4	8	51	22	16	...	...	1	1	18	623	5	17	2	6	10
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA.	18,853 {	105	...	11	48	7,906	4	398	2	35	54	361	488	927	220	1	7	21	299	214	10,124	554	59	53	102	
		...	...	1	12	4	2	...	...	5	7	52	6	3	1	1	...	...	1	...	127		...	...	...	
<b>A</b> Bhuj . . . . .	156 {	...	...	...	...	59	...	...	...	...	...	1	5	3	3	...	1	...	...	4	125	3	2	2	...	
Rajkot . . . . .	102 {	...	...	...	...	14	...	6	...	1	...	1	4	...	...	...	...	...	...	...	52	1	...	...	...	
Deesa . . . . .	555 {	...	...	...	...	109	...	15	...	...	...	7	18	6	4	...	...	4	4	4	416	3	14	1	...	3
Ahmedabad . . . . .	537 {	...	...	...	...	169	...	...	...	...	3	10	23	14	3	...	...	...	2	12	392	2	13	5	3	4
Baroda . . . . .	679 {	...	...	...	17	141	...	...	...	...	1	10	8	37	1	...	3	1	4	19	458	5	20	7	3	9
<b>B</b> Erinpura . . . . .	584 {	...	...	...	...	91	...	...	...	...	1	22	11	17	3	...	...	1	4	4	400	3	12	1	2	1
Neemuch . . . . .	339 {	...	...	...	...	41	...	...	...	...	2	2	1	6	...	...	...	...	4	5	126	5	5	2	...	3
Deoli . . . . .	529 {	...	...	...	...	49	...	...	...	...	...	7	10	6	2	...	...	...	4	7	154	3	4	2	3	2
Nasirabad . . . . .	779 {	6	...	...	2	184	...	24	...	1	1	7	35	7	...	...	...	2	10	9	573	1	24	3	1	5
Ajmir . . . . .	557 {	...	...	...	...	66	...	...	...	...	2	6	5	3	1	...	...	...	...	4	227	1	9	3	...	1

# NATIVE TROOPS, 1909.

## TABLE XXIX—continued.

ACTUALS of STATIONS, GROUPS, and ARMIES, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.														
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Malta Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Disease <sup>s</sup> .	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	
Jaipur . . .	39 {	...	...	...	...	4	...	...	...	...	...	2	...	...	...	...	...	...	...	3	11	1	3	...	...	
Agra . . .	764 {	...	...	3	...	339	...	...	...	1	...	11	8	23	3	1	...	...	7	7	509	6	15	3	1	3
Gwalior . . .	29 {	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	
Jhansi . . .	2,733 {	...	...	5	...	825	...	...	...	1	5	10	32	54	24	...	...	...	33	71	2,041	6	55	19	23	29
Nowgong . . .	882 {	...	...	5	...	131	...	...	...	...	4	7	5	15	4	...	...	...	15	17	396	4	17	6	4	7
Goona . . .	396 {	...	...	3	...	29	...	2	...	...	...	1	2	7	...	...	...	...	1	5	112	2	6	3	1	1
Agar . . .	361 {	...	...	...	...	9	...	1	...	...	2	1	4	3	...	...	...	...	12	2	100	1	5	2	...	...
Sehore . . .	655 {	1	...	4	...	116	...	1	...	...	1	8	9	7	...	...	...	...	9	8	445	3	15	...	1	7
Indore . . .	23 {	...	...	...	...	1	...	...	1	...	...	1	...	...	...	...	...	...	...	...	3	1	...	...	...	...
Mhow . . .	1,280 {	2	...	8	...	236	...	19	2	2	3	2	8	17	6	...	2	3	4	20	730	2	25	5	4	11
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	11,979 {	9	...	8	39	2,613	...	69	3	6	25	116	188	225	52	3	6	11	113	201	7,271	45	244	67	48	86
A																										
Saugor . . .	1,180 {	...	...	...	...	151	...	...	...	...	1	10	4	15	3	...	...	...	7	12	308	2	14	3	6	3
Sutna . . .	33 {	...	...	...	...	6	...	...	...	...	...	...	...	1	...	...	1	...	...	...	20	...	1	...	...	...
Jubbulpore . . .	2,075 {	...	...	1	5	634	...	10	...	1	2	10	70	172	27	...	3	...	15	36	2,097	4	61	9	5	22
Kampti . . .	616 {	...	...	...	...	55	...	43	...	1	1	6	4	...	3	...	...	...	1	10	262	3	9	1	5	4
B																										
Aurangabad . . .	1,480 {	...	2	2	...	158	...	42	...	3	5	6	13	15	4	...	...	1	11	23	677	7	23	9	7	7
Ahmednagar . . .	1,197 {	...	...	2	2	50	...	19	...	...	4	10	16	30	4	...	2	5	9	20	505	2	28	8	7	5
Bolarum . . .	1,890 {	...	...	...	...	55	2	45	...	...	...	12	31	17	29	...	...	4	19	18	539	8	24	11	2	5
Secunderabad . . .	3,626 {	6	2	...	5	153	...	84	...	4	2	20	26	92	2	...	6	...	47	42	1,133	12	43	18	6	18



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.														2. DEATHS.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Malta Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.
Belgaum . . . .	2,137 {	5	4	...	3	77	...	50	...	1	3	21	48	55	21	...	...	1	11	77	765	39	4	46	27
		...	4	...	...	1	...	1	...	2	...	2	...	...	...	...	...	...	...	...	14	...	...	...	...
Satara . . . .	126 {	...	...	...	...	7	...	...	...	2	...	...	1	5	...	...	...	...	...	2	35	2	2	...	...
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Poona . . . .	2,356 {	41	1	2	7	120	...	56	...	6	1	9	24	58	7	1	11	...	15	2	994	48	24	18	40
		...	1	...	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	9	...	...	...	...
Kirkee . . . .	1,922 {	59	...	3	3	226	...	81	...	1	4	20	67	23	45	...	...	...	6	46	1,154	39	20	10	16
		...	...	...	1	...	...	...	...	...	1	6	...	...	...	...	...	...	...	...	8	...	...	...	...
GROUP IX.—DECCAN	18,638 {	111	9	10	25	1,692	2	430	2	7	23	124	304	483	14	1	23	11	141	368	8,489	331	109	112	147
		1	8	...	2	5	...	2	1	2	2	18	3	1	...	1	...	...	1	...	70	...	...	...	...
Bombay . . . .	711 {	...	1	1	1	235	...	2	1	6	2	4	57	35	14	...	1	3	5	42	561	25	18	15	9
		...	1	...	...	1	...	...	1	...	2	...	1	...	...	...	...	...	...	...	7	...	...	...	...
Santa Cruz . . . .	656 {	...	...	...	2	190	...	2	...	...	...	3	41	103	6	...	...	1	1	9	645	22	1	6	2
		...	...	...	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	4	...	...	...	...
Cannanore . . . .	347 {	...	...	...	...	4	...	10	...	2	...	2	...	7	...	...	1	1	2	32	176	8	13	3	16
		...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Trivandrum . . . .	73 {	...	...	...	...	3	...	...	...	...	...	...	2	5	2	...	1	...	...	3	35	1	...	...	3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP X.—WEST-ERN COAST.	1,787 {	...	1	1	3	432	...	14	1	8	2	9	100	150	22	...	3	5	8	86	1,417	56	32	24	30
		...	1	...	1	2	...	...	1	...	2	...	2	1	...	...	...	...	...	...	12	...	...	...	...
A																									
Bellary . . . .	517 {	...	...	...	...	35	...	14	...	...	1	1	5	5	...	...	...	...	2	14	184	9	...	5	9
		...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...
Bangalore . . . .	3,837 {	...	...	2	1	419	...	33	1	10	3	59	62	133	26	1	3	1	26	90	1,950	76	42	20	28
		...	...	1	...	1	...	...	1	2	...	8	...	...	...	...	...	...	...	...	22	...	...	...	...
B																									
Trichinopoly . . . .	436 {	...	6	...	1	1	...	30	...	2	2	1	10	8	4	...	...	...	3	12	183	6	9	...	3
		...	2	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...
St. Thomas' Mount . . . .	501 {	...	...	...	...	5	...	12	...	2	2	3	4	4	...	...	...	...	8	4	104	5	3	...	1
		...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	3	...	...	...	...
Madras . . . .	146 {	...	...	...	1	1	...	3	...	...	...	...	4	9	...	...	...	...	1	1	54	2	...	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XI.—SOUTH-ERN INDIA.	5,437 {	...	6	2	3	461	...	92	1	14	8	64	85	159	30	1	3	1	40	121	2,475	98	54	26	41
		...	2	1	...	2	...	...	1	4	1	8	...	...	...	...	...	...	...	...	30	...	...	...	...
Maymyo . . . .	999 {	...	...	1	2	141	...	6	...	4	2	11	46	9	15	1	...	1	6	15	665	22	4	8	3
		...	...	1	...	...	...	...	...	1	1	1	1	...	...	1	...	...	...	...	6	...	...	...	...
Kohima . . . .	152 {	...	...	...	1	100	...	6	...	...	...	10	5	4	2	...	...	...	4	2	175	6	2	...	...
		...	...	...	1	1	...	...	...	...	...	6	...	...	...	...	...	...	...	...	10	...	...	...	...
Shillong . . . .	757 {	...	...	...	11	176	...	61	...	1	4	10	11	27	21	...	...	...	3	27	751	22	8	3	16
		...	...	...	2	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	4	...	...	...	...
Gangtok . . . .	131 {	...	...	...	...	1	...	...	...	...	...	...	4	1	2	...	...	...	1	1	22	1	1	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gyantse . . . .	49 {	...	...	...	...	1	...	...	...	1	...	2	...	...	1	...	...	...	...	...	10	1	...	...	...
		...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	2	...	...	...	...
Almora . . . .	1,038 {	...	7	...	9	74	2	75	...	2	3	6	43	29	9	...	2	...	8	53	593	27	7	26	20
		...	4	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	8	...	...	...	...

# NATIVE TROOPS, 1909.

## TABLE XXIX—continued.

ACTUALS of STATIONS, GROUPS, and ARMIES, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.																	2. DEATHS.						
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria	Malta Fever.	Pyrexia of uncertain origin.	ague.	Circulatory Diseases	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa
Naini Tal . . . .	76 {	...	...	1	...	7	...	6	...	...	...	4	14	3	...	...	...	...	1	2	69	2	...	2	...
Lansdowne . . . .	2,814 {	6	...	3	...	210	...	15	...	...	11	21	22	62	3	...	...	...	10	12	784	38	...	3	9
Simla . . . .	860 {	...	...	2	...	66	...	5	...	1	5	8	19	37	1	1	1	1	18	7	344	17	4	2	1
Jutogh . . . .	190 {	...	...	...	...	14	...	...	...	1	...	2	3	11	...	...	...	...	1	1	54	3	1	...	...
Dharmasala . . . .	1,433 {	...	...	...	...	170	...	...	...	1	7	12	8	7	...	2	...	4	21	474	14	7	1	13	
Bakloh . . . .	1,345 {	59	...	...	...	213	...	...	...	5	5	6	20	14	4	...	...	...	11	7	554	20	4	...	3
Khairagali . . . .	82 {	...	...	...	...	21	...	2	...	1	...	1	3	...	4	...	...	...	...	3	63	2	...	...	3
Baragali . . . .	75 {	...	...	...	...	11	...	2	...	...	...	2	...	...	...	...	...	...	2	32	1	1	2	...	...
Kalabagh . . . .	71 {	...	...	1	...	5	...	2	...	...	...	2	...	6	1	...	...	...	1	2	53	2	...	1	1
Chitral . . . .	174 {	1	...	...	...	16	...	7	...	1	...	2	...	1	...	...	...	...	1	4	68	3	2	1	1
Kila Drosh . . . .	714 {	...	...	3	...	115	1	40	...	20	2	2	6	7	...	...	2	...	5	17	443	27	13	2	2
Malakand . . . .	859 {	...	...	...	...	152	...	1	2	...	2	16	34	11	5	...	...	...	18	4	424	15	3	...	1
Dargai . . . .	405 {	...	...	2	...	105	...	...	...	...	17	3	10	...	...	...	...	8	2	241	8	...	1	1	
Chakdarā . . . .	306 {	...	...	...	...	208	...	...	...	1	3	7	7	1	...	...	...	5	...	281	6	...	...	...	
Abbottabad . . . .	3,481 {	1	...	4	16	407	...	27	...	5	14	51	81	43	3	...	...	2	22	86	1,565	89	9	47	30
Cherat . . . .	60 {	...	...	...	...	12	...	...	...	...	...	1	3	1	...	...	...	5	2	56	2	...	...	2	
Fort Lockhart . . . .	390 {	...	...	...	...	76	...	...	...	1	1	4	15	5	1	...	...	2	1	230	8	...	...	1	
Hangu . . . .	268 {	...	...	...	...	61	...	...	...	2	8	8	11	...	...	...	...	2	2	183	6	1	...	1	



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.													
		Influenza.	Cholera.	Small-pox.	Enteric fever.	Malaria.	Malta Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.
Mir Ali Khel . . .	99 {	...	...	...	...	29	...	...	...	...	4	5	8	6	...	...	1	3	1	77	3	1	...	...	
Fort Sandeman . . .	593 {	...	...	1	...	70	...	2	...	3	15	29	6	23	...	...	2	11	2	298	15	2	...	...	
Hindu Bagh . . .	30 {	...	...	...	...	9	...	...	...	...	1	...	8	1	...	...	...	2	1	29	1	...	...	1	
Musa Khel . . .	30 {	...	...	...	...	2	...	1	...	...	...	...	2	...	...	...	...	...	...	7	1	...	...	...	
Kila Saifulla . . .	30 {	...	...	...	...	10	...	...	...	...	...	...	6	1	...	...	...	...	...	20	1	...	...	...	
Murgha . . .	50 {	...	...	...	...	24	...	1	...	...	2	1	5	...	...	...	...	2	...	48	2	...	...	...	
Loralai . . .	826 {	...	...	...	...	106	...	...	...	2	22	24	4	16	...	...	4	33	2	434	14	...	...	2	
Gumbaz . . .	31 {	...	...	...	...	10	...	...	...	...	...	1	...	...	...	...	...	...	...	17	1	...	...	...	
Quetta . . .	5,053 {	1	...	23	...	316	1	137	...	5	69	160	86	58	...	3	15	55	74	2,193	95	18	10	46	
Pishin . . .	34 {	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	2	1	...	...	...	
Shelabagh . . .	76 {	...	...	...	...	11	...	3	...	...	...	9	2	3	...	...	...	1	1	60	1	...	...	1	
Robat . . .	104 {	3	...	...	...	25	...	2	...	...	1	15	18	3	...	...	20	5	...	165	6	...	...	...	
Chaman . . .	663 {	...	...	1	...	23	...	8	...	3	7	12	5	2	...	...	1	...	3	164	9	...	1	2	
Mount Abu . . .	79 {	...	...	...	...	30	...	...	...	...	...	...	2	8	...	...	...	...	...	67	2	...	...	...	
Ootacamund . . .	78 {	1	...	...	...	4	...	...	...	...	...	2	...	1	...	...	...	...	4	25	1	4	...	...	
Manzai . . .	230 {	...	...	...	...	35	...	1	...	1	...	2	37	3	...	...	7	3	...	154	6	...	...	...	
GROUP XII.—HILL STATIONS.	24,735 {	72	7	5	76	3,067	4	410	2	49	86	308	612	509	209	2	10	54	249	361	11,894	501	93	108	160
Marching India . . .	9,794 {	1	...	4	1,002	...	...	41	...	3	4	72	72	230	82	...	3	9	48	54	2,757	44	12	27	15
EXTRA INDIA.																									
(a) In the Indian Command:—																									
Chabbar . . .	58 {	...	...	...	...	41	...	3	...	...	1	1	5	...	...	...	5	12	1	77	2	...	...	1	
Jask . . .	85 {	...	...	...	...	14	...	9	...	1	...	4	8	2	...	...	4	...	1	70	2	1	...	...	

# NATIVE TROOPS, 1909.

## TABLE XXIX—continued.

ACTUALS of STATIONS, GROUPS, and ARMIES, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND ARMIES.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.														
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Malta Fever.	Pyrexia of uncertain origin.	Plague.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	
Muscat . . . .	22 {	...	...	...	...	10	...	...	...	...	1	...	1	1	...	...	...	...	...	2	21	1	1	1	...	
Bushire . . . .	72 {	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	3	1	...	...	...	
Baghdad . . . .	39 {	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1	...	...	...	
Aden . . . .	709 {	...	...	...	...	156	...	88	...	2	2	4	27	44	24	...	...	11	19	6	596	21	3	1	2	
Khormaksar . . . .	86 {	...	...	...	...	8	...	15	...	...	...	...	3	8	1	...	...	...	...	1	68	2	1	...	...	
Perim . . . .	28 {	...	...	...	...	4	...	...	...	...	...	...	...	16	1	...	...	3	...	...	27	1	...	...	...	
(b) Not in the Indian Command:—																										
Colombo . . . .	716 {	3	...	...	2	100	...	3	...	...	...	4	44	96	6	...	...	6	25	8	444	16	1	2	5	
Singapore . . . .	742 {	...	...	...	...	48	...	...	2	2	...	24	50	...	...	1	3	36	19	435	28	12	1	6		
North China.—Tientsin.	792 {	...	...	...	...	2	...	11	...	1	5	3	42	1	...	...	...	...	27	263	26	7	4	16		
South China.—Hong-Kong.	1,569 {	29	...	...	...	52	...	51	...	...	9	12	201	38	13	...	...	1	13	36	884	48	4	8	24	
ARMY OF INDIA.	*Remaining from 1908.	5	...	1	36	540	...	27	2	14	24	210	155	132	20	2	3	8	76	256	2,853	...	86	93	77	
	Admissions . . .	387	26	43	284	23,668	...	15	2,925	16	169	308	1,555	2,821	4,181	1,006	11	87	182	1,510	2,164	76,901	2,738	660	669	835
	Total dea . . .	1	18	8	57	37	...	2	17	8	31	51	248	27	19	5	6	...	2	7	1	740	...	1	...	...
	Deaths out of hospital .	...	...	...	...	...	...	...	...	10	...	1	1	...	...	...	...	...	...	...	53	...	...	...	...	
INDIA.	*Remaining from 1908 . . .	4	...	1	34	533	1	24	2	14	24	206	141	126	19	2	3	7	68	243	2,751	...	77	93	73	
	Admissions . . .	355	26	43	282	23,466	...	15	2,860	16	166	292	1,536	2,510	3,996	987	11	86	172	1,436	2,074	74,875	2,620	636	654	784
	Total deaths . . .	1	18	8	57	36	...	2	17	8	31	51	247	26	18	5	6	...	2	6	1	730	...	1	...	...
	Deaths out of hospital .	...	...	...	...	...	...	...	...	10	...	1	1	...	...	...	...	...	...	...	52	...	...	...	...	
NORTHERN ARMY .	64,544 {	219	10	20	180	15,111	12	1,399	9	100	177	971	1,221	2,274	435	6	36	55	856	1,038	42,999	1,497	298	362	378	
SOUTHERN ARMY .	53,470 {	135	16	23	98	7,353	3	1,420	7	63	111	493	1,217	1,492	470	5	47	108	532	982	29,119	1,079	326	265	391	

\* Remaining + admitted = total treated.      Remaining + admitted + died out of hospital = total cases  
† Including troops in Extra India not in the Indian Command.  
‡ Excluding troops in Extra India not in the Indian Command.  
§ By annual compilation 13.



GROUPS AND ARMIES.	1. AVERAGE STRENGTH.						2. CONSTANTLY SICK.						TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
I.—BURMA COAST AND BAY ISLANDS. {	1,618	1,613	1,425	1,353	1,347	1,168	1,191	1,300	1,355	1,534	1,661	1,464	17,029
	40	30	27	41	33	41	29	25	34	43	43	26	412
II.—BURMA INLAND . {	3,255	3,125	2,491	2,483	2,580	2,292	2,563	2,882	3,010	3,291	3,521	3,158	34,651
	66	54	58	51	52	59	83	74	73	76	83	62	791
III.—ASSAM . . . {	1,350	1,031	964	828	818	866	858	825	841	971	1,091	1,084	11,527
	39	24	19	19	25	36	36	33	31	33	35	31	361
IV.—BENGAL AND ORISSA . {	2,739	2,710	2,318	1,746	1,735	1,848	1,908	2,013	2,022	2,502	2,622	2,557	26,720
	63	45	30	29	24	28	38	41	41	57	57	51	504
V.—GANGETIC PLAIN AND CHUTIA NAGPUR. {	7,829	8,107	6,989	5,877	5,819	5,717	5,892	5,983	6,202	7,309	7,639	7,166	80,539
	147	163	117	107	106	90	116	119	143	197	207	178	1,690
VI.—UPPER SUB-HIMALAYA {	23,185	24,267	23,208	19,618	18,347	18,714	19,417	19,852	20,447	23,103	21,088	24,091	255,337
	469	456	362	329	355	337	343	388	448	555	666	632	5,340
VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA. {	19,602	20,307	19,029	18,006	17,577	17,788	17,899	17,950	18,063	18,537	21,323	20,156	226,237
	609	532	434	414	518	517	442	471	497	644	846	719	6,643
VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT. {	14,426	13,959	12,444	10,244	10,404	10,572	10,979	11,347	11,447	12,832	13,119	11,976	143,749
	313	266	215	184	215	197	206	272	252	281	269	254	2,924
IX.—DECCAN . . . {	19,814	19,947	18,820	16,540	15,876	15,856	16,956	17,701	18,825	20,542	21,821	20,952	223,650
	400	332	296	274	283	288	312	322	324	352	399	376	3,958
X.—WESTERN COAST . {	2,124	2,217	1,949	1,689	1,631	1,594	1,637	1,629	1,636	1,867	1,746	1,725	21,444
	85	70	66	50	44	41	49	47	57	51	63	59	682
XI.—SOUTHERN INDIA . {	5,670	5,410	4,550	4,429	4,457	5,336	5,605	5,692	5,797	5,874	6,204	6,211	65,235
	108	95	76	83	92	108	99	87	101	93	115	123	1,180
XII.—HILL STATIONS . {	25,984	26,001	25,436	26,692	24,974	24,083	24,794	25,047	24,790	25,178	21,559	22,258	296,796
	562	508	458	466	457	424	438	501	567	575	521	495	5,972
ARMY OF INDIA* {	145,843	146,043	132,819	120,228	116,484	117,225	119,333	121,900	125,722	138,986	149,418	145,448	1,579,449
	3,102	2,759	2,344	2,192	2,355	2,329	2,376	2,546	2,750	3,164	3,573	3,262	32,752
INDIA† . . . {	142,010	142,210	129,031	116,361	112,631	113,345	115,480	118,082	121,907	135,227	145,659	141,676	1,533,619
	2,983	2,647	2,217	2,088	2,257	2,226	2,260	2,429	2,625	3,041	3,433	3,135	31,343
NORTHERN ARMY . . {	70,058	72,076	68,220	62,716	59,298	58,932	61,104	62,171	62,013	66,831	64,634	66,423	774,476
	1,651	1,515	1,218	1,175	1,286	1,251	1,241	1,370	1,502	1,791	2,054	1,856	17,910
SOUTHERN ARMY . . {	58,652	57,727	52,418	47,691	47,335	47,996	49,605	51,074	53,434	58,125	59,935	57,619	641,611
	1,279	1,090	972	896	949	939	981	1,041	1,091	1,190	1,283	1,189	12,900

\* Including troops in Extra India not in the Indian Command.

† Excluding troops in Extra India not in the Indian Command.



## TABLE XXX.

*ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.*

The ratios of sickness and mortality will be found in Table XXVIII.

### NORTHERN ARMY.

**Peshawar.**—For general remarks see Table V.

The lines of the 59th rifles are insanitary buildings, old, and imperfectly ventilated and cramped—new quarters for married men have been built during the year, but the whole of the quarters should be rebuilt on more hygienic principles.

The quarters of the 54th Sikhs are too closely packed and ill-ventilated.

The regimental bazaars are overcrowded. Efforts are being made to improve this condition.

The Cantonment Committee suggest that the right Native Infantry lines be reconstructed on a wider superficial area and on hygienic principles at as early a date as practicable; that the Central Native Infantry lines be extended so as to cover the open area, extending to the North Circular Road, and that the portion of grass farm land to the left front of these lines be irrigated with care so as to obviate the swamp which is produced there by excessive irrigation; that steps be taken at as early a date as possible to remove the brick-making a to the new site on the west of the Nullah and that the existing sites be carefully drained away from the Cantonments; that those who use irrigation water on the land to the north-west and north of the North Circular Road be held responsible, that these lands are not swamped, and that the outflow of water be adequately provided for; that the provision of a Followers' Hospital be undertaken as the Cantonment Hospital is unable to cope with the numbers of enlisted followers sent for treatment.

The Principal Medical Officer of the Division remarks that the following improvements are distinctly necessary on sanitary grounds :—

- (1) Reconstruction of the centre and Right Native Infantry Lines, with proper drainage of sites, and huts raised on good plinths.
- (2) Brick lining of many more channels in the cantonment.
- (3) Re flooring of the Right and Left Native Infantry hospitals.
- (4) Removal of the ablution room from inside the Guard Barrack at the Fort.
- (5) Provision of closed iron bins for rubbish in the Cantonment and Fort.
- (6) Relevelling of the ground at the sides of Peshawar mall.

The following points mentioned in this report have already been taken up in the past year and are being pressed on :—

Limitation of irrigation; removal of brick-fields; provision of mosquito curtains; improvement in incineration; provision of Followers' hospital.

The new filter beds are approaching completion.

**Edwardesabad.**—There are many *kutchra* drains throughout Cantonments for irrigation water. These afford breeding grounds for mosquitoes. The grass farm operations were discontinued in Cantonments during the year.

The water-supply is from deep wells which are not sufficient in number. The water is of good quality but hard. Owing to the insufficiency of wells, men and followers are tempted to use irrigation water for washing cooking utensils.

There are only regimental bazaars. Those of the Infantry are antiquated and overcrowded.

The latrines are of obsolete pattern and many of the seats are quite worn out. New latrines are urgently required. The crowley carts are mostly in bad repair. Two lorries for removing receptacles have recently been purchased. One Rait Incinerator was brought into use in the Battery Lines in October. About 8 acres of land has this year been brought under cultivation, which had previously been manured with sewage.

The close proximity to cantonments of sugarcane and other crops under irrigation is said to be one of the causes of malaria in this station.

The Cantonment Committee report :—

- (1) that the question of a pipe water-supply and *pukka* drains throughout the cantonment is under consideration ;
- (2) two new houses have been built ; and the erection of more is under consideration by the Military Works Services ;
- (3) the completion of the Cavalry bazaar is about to be undertaken. Two new Infantry bazaars will be built in 1910-11 ;
- (4) the latrines are being renewed as funds admit ; crowley carts will not be required when incinerators are built ;
- (5) the question of crops close to cantonment boundaries is under reference to the civil authorities.

**Dera Ismail Khan.**—The station being on the bank of the Indus, with irrigated land on three sides, must always be infested with wind-borne mosquitoes, even were there no breeding places for these pests within cantonment. A certain number of men acquire malarial infection in the station from bites of mosquitoes and in addition men proceeding on leave or furlough acquire malaria at their homes and import the disease into cantonment.

The soil of Derajat, being a stiff clay, is not suited to the trench system of disposal of night soil. Incinerators have now to a great extent displaced the trench system for the disposal of solid excreta.

The surface drainage of the cantonment is not yet in a satisfactory condition although all available funds are being expended in providing surface drains to carry off storm water.

The water-supply is ample, but being derived from shallow wells, is liable to contamination.

There is no Suddar bazaar in the cantonment. The city of Dera Ismail Khan is close to the cantonment and its sanitary condition has of late been much improved.

As already reported the want of a Suddar Bazaar is severely felt during the prevalence of epidemic disease when the city is placed out of bounds. A good system of Dhobi ghats for the use of troops is badly required. The whole of the conservancy staff should be housed within cantonment limits and more surface drains are required.

The Cantonment Committee report that :—

- (a) The number of sweepers maintained by the Cantonment is still below requirements and will be added to as funds permit.

The incinerators provided work satisfactorily in dry weather, but are apt to fail during heavy rain, it is hoped that roofs of corrugated iron will be supplied.

- (b) The surface drainage of the lines in the main Cantonment and at Fort Akalgarh is not yet complete, and further expenditure will be required under this head.

- (c) Proposals to establish a Suddar bazaar have been sent to Head-Quarters for final sanction.

- (d) Dhobi ghats for troops are most urgently required.

**Baksa Duar.**—Only the native officers' quarters require alteration, and this is under the consideration of the Public Works Department.



# NATIVE TROOPS, 1909.

## TABLE XXX—continued.

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.—contd.

The Cantonment Committee suggest that :—

(1) The Native officers' quarters require alterations.

(2) A second latrine for troops alongside the present one is wanted, as 10 compartments are not sufficient for the number of men.

The Officer Commanding the Assam Brigade notes that an estimate has been submitted for alteration of Native Officers' Quarters and that he will ascertain if funds are available for additional latrine accommodation.

**Fatehgarh.**—The prevalence of malaria was said to be due to the presence of cultivated lands too near the lines and small villages occupied by natives in the cantonment.

The Cantonment Committee suggest :—

(1) That the latrines be removed to a more convenient site, at a distance of 100 yards at least from the nearest dwelling house.

(2) That separate compartments for purposes of ablution be constructed in front of each latrine. This would prevent contamination of the floor of latrines.

(3) That lands in close proximity to the lines may not be rented out for cultivation.

The Officer Commanding the station remarks regarding the abovementioned suggestions of the Cantonment Committee :—

1. The suggestion is being carried out.

2. The matter is being gone into.

3. Lands are rented for 5 years, the present lease does not expire until April 1st, 1911.

**Kohima.**—Remarks by the Principal Medical Officer, Presidency and Assam Brigades :—

The conservancy arrangements at this station are very defective. There are only 2 sweepers employed to look after Civil and Military latrines, construct trenches, and carry filth thereto, in Cantonment. No receptacles are provided for latrines, and the resulting accumulation of filth in latrines is such that it is unnatural to expect human beings to go near them when kept in such a disgusting state. Apart from this the danger to the public health where communities have to live in such surroundings is obvious.

**Dibrugarh.**—An incinerator was built this year and started on 3rd November. Much difficulty was experienced in obtaining dry litter to burn in it. The sweepers also gave trouble and eventually struck work and decamped on 20th November. A few were obtained temporarily from the adjoining Municipality, but a return to the old method (of removal to the Municipal trenching ground) had to be made.

The surface drainage system is fairly complete, but in the rains the river rises so high that it allows of little fall for the current in the drains.

Rice is grown in the Cantonment within a short distance of the lines and a large area immediately to the south of the Cantonment is also under rice cultivation.

Water is abundant and drawn from shallow wells which might possibly become contaminated. The wells, however, have covers are well stoned, and protected from immediate surface washings by concrete.

The overcrowding of the lines drawn attention to in last year's sanitary report still continues. In the drill season the number of men housed in the Barracks is approximately 340. The total cubic capacity of the barracks is approximately 157,908 c. ft. which gives each man 465 c. ft. as opposed to the 810 c. ft. laid down in regulations. Estimates have been twice submitted for an additional barrack, but the expenditure has not been sanctioned.

The condition of the bazaars (cantonment and adjoining) does not show marked defects.

Remarks by the Principal Medical Officer, Presidency and Assam Brigades :—

Owing to excessive rainfall which extends over several months of the year, I do not think that filth can be efficiently disposed of by incineration during those months, and although an incinerator has been constructed, it is not used. The existing system of conservancy is very unsatisfactory, the conservancy establishments are, in my opinion, untrained and insufficiently supervised. The Municipal trenching ground is in a disgraceful state. The conditions resulting from defective conservancy arrangements in and around cantonments are such as to justify the statement that they are a source of danger to the public health. A report on the sanitary arrangement of this cantonment is being prepared and will be forwarded in due course.

Remarks by the General Officer Commanding Assam Brigade :—

The result of incineration at Dibrugarh appears to have been that the sweepers deserted, none could be found to replace them; at the time of my visit which was just previous to that of the Principal Medical Officer, work was being carried out by men temporarily lent by the Municipality. The result could hardly be expected to be very satisfactory. I do not see any objection to putting some of the men into tents, but I hope new barracks will shortly be constructed.

**Manipur.**—There are no *pukka* drains. Jheels and marshes abound in the immediate vicinity of cantonments; nothing can be done as they are too extensive.

Water is drawn from a large tank; its water is unable to be changed or refreshed. It has a most offensive smell and taste and is unpalatable and unwholesome. The tank is frequently treated with unslaked lime and permanganate of potash and is about to be treated with sulphate of copper.

In the Regimental lines, the accommodation is very good. The native officers' and sepoys' quarters in the Fort are very poor being constructed of mud and laths. They require complete reconstruction and plans and estimates for this have recently been submitted.

The highly insanitary condition of a village close to cantonments is objectionable (this matter has been reported). Dead-bodies are burnt on the banks of the Nag Nullah near the north-west corner of the residential portion of Cantonments.

During the rains the cantonment in most parts becomes overgrown with tall jungle grass, which keeps the ground marshy, and favours development of mosquitoes. The grass is cut as often as funds will admit, but it is impossible to keep it down entirely until the cold weather, when it is finally cut.

The Cantonment Committee suggest :—

1. The provision of wire netting on all dāk bungalows and serais on the road between Manipur and Manipur Road.

2. That Depôts should be started at all Post Offices on the road for free issue of quinine.

3. That the cantonment should participate in and benefit by the proposed scheme for a pipe water-supply from the hills, which has been put forward by the Manipur State.

4. Removal of Major Khal village.

5. The prohibition of cremation near north-west corner of cantonments.

6. That the Delhi or Donaldson pattern latrine be substituted for the present pattern immediately.

7. A small extra grant be made by Government to the cantonment fund to enable grass cutting and jungle clearing to be carried on throughout the rains.



TABLE XXX---continued.

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.—contd.

Remarks by the Principal Medical Officer, Presidency and Assam Brigades :—

It is stated that a considerable number of men on return from furlough are unfitted for work for months owing to fever and debility and that the precautionary measures hitherto adopted to safeguard them against disease during the journey from and to Manipur Road have been unsuccessful. I have ascertained that it is the custom for furlough men to hasten with all possible speed to their homes and to postpone their return to the last moment, with the natural result that they overfatigue themselves on the journey, and as they do not make provision for proper and regular meals, it is not surprising that they become victims to disease when they come in contact with it. Their journey is usually broken at or near villages where malaria is said to prevail and whose sanitary surroundings are the reverse of what they should be, the source of disease is therefore obvious, and I think it can be defeated if the following suggestions or those based on similar lines are put into effect. Furlough men should be marched to and from Manipur Road in charge of a native officer accompanied by a Hospital Assistant and sweeper and provided with sufficient food. Halting places should be selected and bamboo shelter houses constructed at convenient places *en route*—due regard being paid to water-supply, proximity of villages and suitability of ground for trenching. The sweeper should be instructed to make trench latrines—the latter should be inspected by the Hospital Assistant who should report to the Native Officer that they have been filled in before the men vacate the halting places. On the completion of each journey, the Hospital Assistant should furnish a detailed sanitary report and a certificate to the effect that any orders he received from the medical authority have been duly carried out.

Remarks by the Officer Commanding Assam Brigade :—

Though admitting that overfatigue is a predisposing cause in sickness, I am not prepared to admit that hastening through the malarious belt is inadvisable even at the risk of some fatigue. From Manipur Road Station the marches to Kohima are Nichu Guard 8½ miles, Ghuspani 10, Pephana 8, Zalza 10, Kohima 11. From what I have heard it is dangerous to sleep at night at Nichu Guard. After that the road ascends and the danger of contracting malaria diminishes. My experience has been that in many cantonments it is found that the men returning from furlough are those that suffer most from malaria.

Dehra Dun.—Quantity of water usually sufficient, but at times from blocking of pipes and other causes scarce. The quality of the Birpur and Gangare supply is bad as shown by the last analysis, that of Dehra is fair only.

The lines of the 1-2 K. E. O. Gurkhas are ill-ventilated, and are about to be rebuilt. Other lines in good order, except that during the rains, the tiled roofs leak badly, markedly so in 31st and 32nd Mountain Battery.

Ghari village in the middle of cantonment is an insanitary area and a danger to the health of cantonments.

Rubbish bins in private compounds are non-existent. Public rubbish bins are also required. Rubbish carts are at present inadequate to deal with this branch of conservancy, compounds and their neighbourhood in many cases have large collections of litter and rubbish, which is also, in the absence of proper plant, dumped in large quantities in nullahs and broken ground.

The Cantonment Committee suggests the inclusion of Ghari village within cantonment limits.

Remarks by the Officer Commanding Garhwal Brigade :—

The village of Ghari is mainly responsible for the venereal disease, but I believe a good deal is contracted in the villages round Dehra Dun and in the City. If the recommendations to include Ghari in the Cantonment are sanctioned the health of the Cantonment will improve.

Kila Drosh.—No sanitary report.

Jandola.—No sanitary report.

Nowshera Cavalry Cantonment.—There are no *jheels*, or marshes, and places where water lodges are being ploughed, levelled and sown. The water-supply is of good quality pumped from a well near the Kalapani. The supply, however, is at times insufficient. The quantity of fuel sanctioned is limited, at times also the pumping engine breaks down. Incinerators have been introduced almost everywhere. An expenditure of Rs. 1,378 was incurred during the year on levelling and ploughing broken ground where water lodges.

SOUTHERN ARMY.

Santa Cruz.—The cantonment is too near to large areas of rice fields and native villages; so that any draining of the cantonment itself is of little practical use.

The villages near but outside cantonments are very insanitary and a constant source of danger. No action is possible locally.

The Principal Medical Officer of the Bombay Brigade remarks that steps are being taken to fit wire gauze to the windows and doors of one hospital ward. An isolation block in the hospital is a necessity and will be included in the minor works of the Barrack Committee. The question of jurisdiction over villages is a difficult one. There is a Native Christian village quite close to the British Officers' quarters which is, from a sanitary point of view, one of the foulest places, I should think, in India. An endeavour will be made to obtain jurisdiction over this village and other similar places in the vicinity. The prevalence of malaria and dysentery is a question of locality. I consider that the cantonment should never have been placed in this site. It is surrounded on all sides by paddy fields and during the monsoon it becomes an island in the midst of a swamp. The wisest thing would be to admit the mistake, bear the loss and abandon it for some site nearer the coast and outside the malarial area; make a new cantonment in which to quarter both the Bombay Native Battalions. Nothing short of extensive drainage and the cessation of rice cultivation will make the site even fairly healthy and these naturally are neither within the range of practical politics nor worth the expenditure.

The General Officer Commanding Bombay Brigade remarks as follows :—

I agree generally with the Principal Medical Officer. It would have been better had the Andheri site originally proposed by the local authorities been accepted. The difference in cost was Rs. 53,000, which doubtless was a saving at the time, but has resulted in loss of efficiency year by year, since the lines have been occupied.

Bombay.—The excessive prevalence of malaria was due to the heavy rainfall, and the insanitary condition of the native town in proximity to the lines. In the lines the systematic destruction of mosquito larvæ was carried out.

The proximity of the *Dhabi Talao bazaar* near the lines is objectionable. Pindals are small and have not sufficient ventilation, very dark and also are overcrowded. The adjacent native town (Ruhri Talas) is most insanitary and in it are often cases of infectious diseases. There are two open drains in the lines which require constant attention to try and keep them in a sanitary condition.

Remarks by the Principal Medical Officer, Bombay Brigade :—At Colaba there are a number of grossly insanitary *chawls* known as the "Pestonji chawls." They were formerly occupied by the *jhowlies* employed in a cattle shed in the vicinity and many of them live there still. The cattle sheds have been evacuated, licenses being refused by the municipality on sanitary grounds. This matter together with the whole question of milk supply generally is under reference to higher authority. What is required is the demolition of these *chawls* and the building of new ones, the reconstruction of the cattle shed and the concentration of the whole milk and dairy supplies at this point. The arrangements for troop latrines and troops washing are not so good as they might be, *i.e.*, they should be connected up to the Shone sewage system. This, however, is a matter of water-supply. The main to Colaba is not yet large enough to render this safe, but I understand the matter is under the consideration of the municipality.

Nasirabad.—Surface drainage is defective in the lines and bazaar. Several large tanks are within cantonment limits and there are numerous breeding places for mosquitoes. An exhaustive scheme of surface drainage is being drawn up by the Assistant, Commanding Royal Engineer.



# NATIVE TROOPS, 1909.

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## TABLE XXX—*concl'd.*

*ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS IMPROVEMENTS, SUGGESTIONS, etc.—concl'd.*

The Cantonment Committee make suggestions for :—

- (1) Improving surface drainage.
- (2) Levelling up of the bed of the *nullah*, west of cantonment.
- (3) Stocking all tanks and quarries with small fish.
- (4) Improving the meat market.
- (5) Extending the system of incineration.
- (6) Improving street lighting.

The Principal Medical Officer of the 5th Mhow Division concurs with the suggestions made by the Cantonment Committee.

**Port Blair.**—The barracks are in very bad condition, but are to be rebuilt.

**Hongkong.**—No sanitary report.

**Singapore.**—No sanitary report.

**Tien Tsin.**—No sanitary report.

TABLE XXXI.

INFLUENZA by months, stations, groups, and armies.

TABLE XXXII.

CHOLERA by months, stations, groups, and armies.

STATIONS * AND GROUPS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.												ADMISSIONS FROM CHOLERA IN EACH MONTH.														
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
Fort Dufferin . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
Bhamo . . . . .	...	...	3	1	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP II.—BURMA INLAND	...	...	4	1	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	
B																											
Benares . . . . .	...	...	1	1	...	...	2	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	
Cawnpore . . . . .	...	...	...	...	...	...	2	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	
Fatehgarh . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP V.—GANGETIC PLAIN AND NAGPUR.	1	...	1	1	...	...	2	2	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...	
A																											
Rurki . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	2	
Dehra Dun . . . . .	...	...	...	22	...	...	...	...	...	...	...	...	22	...	...	...	...	...	...	...	...	...	...	...	...	...	
Delhi . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	1	
B																											
Jullundur . . . . .	...	...	...	...	...	1	...	...	...	...	17	2	20	...	...	...	...	...	...	...	...	...	...	...	...	...	
Sialkot . . . . .	...	3	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP VI.—UPPER SUB-HIMALAYA.	...	3	...	22	...	1	...	...	...	...	17	2	45	...	...	...	3	...	...	...	...	...	...	...	...	3	
A																											
Nowshera . . . . .	...	1	...	2	8	4	3	4	3	21	46	...	92	...	...	...	...	...	...	...	...	...	...	...	...	...	
Peshawar . . . . .	1	1	...	...	...	...	...	...	...	...	1	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	
Kohat . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
Edwardesabad . . . .	1	...	2	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	
Dera Ismail Khan . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
Jacobabad . . . . .	...	...	1	...	...	1	...	1	1	...	1	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJ-PUTANA.	3	2	4	2	8	5	3	5	4	21	48	...	105	...	...	...	...	...	...	...	...	...	...	...	...	...	
B																											
Nasirabad . . . . .	...	...	...	...	...	...	...	...	3	...	...	3	6	...	...	...	...	...	...	...	...	...	...	...	...	...	
Sehore . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
Mhow . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	...	...	...	1	...	...	...	...	5	...	...	3	9	...	...	...	...	...	...	...	...	...	...	...	...	...	
B																											
Aurangabad . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	2	
Secunderabad . . . .	...	...	...	...	...	4	1	1	...	...	...	...	6	...	...	...	1	...	...	...	...	1	...	...	...	2	
Belgaum . . . . .	2	...	3	...	...	...	...	...	...	...	...	...	5	...	...	2	2	...	...	...	...	...	...	...	...	4	
Poona . . . . .	...	...	...	...	...	...	...	7	18	15	...	...	41	...	...	...	1	...	...	...	...	...	...	...	...	...	
Kirkee . . . . .	29	24	5	...	...	...	...	...	1	...	...	...	59	...	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP IX.—DECCAN .	31	24	8	...	...	4	1	8	19	16	...	...	111	...	...	...	...	2	6	...	...	...	1	...	...	9	

\* Stations where neither Influenza nor Cholera occurred are not shown in these tables. For the annual ratios, see Table XXVIII.



# NATIVE TROOPS, 1909.

## TABLE XXXI—concluded.

INFLUENZA by months, stations, groups, and armies.

## TABLE XXXII—concluded.

CHOLERA by months, stations, groups, and armies.

STATIONS GROUPS, AND ARMIES.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.													ADMISSIONS FROM CHOLERA IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
Bombay . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	
GROUP X.—WESTERN COAST	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	
<b>B</b>																											
Trichinopoly . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	2	...	...	...	...	...	...	...	...	6	
GROUP XI.—SOUTHERN INDIA. }	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	2	...	...	...	...	...	...	...	...	6	
Almora . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	...	...	...	...	...	...	...	7	
Lansdowne . . . . .	...	...	4	2	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...	
Bakloh . . . . .	...	20	5	26	8	...	...	...	...	...	...	...	59	...	...	...	...	...	...	...	...	...	...	...	...	...	
Chitral . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
Abbottabad . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
Quetta . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
Robat . . . . .	1	2	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	
Ootacamund . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP XII.—HILL STATIONS. }	2	22	10	28	9	...	...	...	...	...	1	...	72	...	...	...	...	7	...	...	...	...	...	...	...	7	
Marching, India . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
<b>EXTRA INDIA.</b>																											
(b) Not in the Indian Command:—																											
Colombo (Ceylon) . . . . .	...	2	1	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	
Hong-Kong (South China) . . . . .	5	3	4	2	9	2	1	...	1	...	2	...	29	...	...	...	...	...	...	...	...	...	...	...	...	...	
ARMY OF INDIA . . . . .	42	56	32	57	26	8	10	8	18	40	84	6	387	4	...	...	5	...	9	6	...	...	...	1	1	26	
<b>NORTHERN ARMY</b>																											
NORTHERN ARMY . . . . .	4	25	14	53	16	5	5	6	3	21	65	2	219	...	...	...	3	...	7	...	...	...	...	...	...	10	
<b>SOUTHERN</b>																											
SOUTHERN „ . . . . .	33	26	13	2	1	1	4	2	14	19	17	3	135	4	...	...	2	...	2	6	...	...	...	1	1	16	



# NATIVE TROOPS, 1909.

## TABLE XXXIII.

ENTERIC FEVER by months, stations, groups, and  
armies.

STATIONS* AND GROUPS.		ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Dufferin . . . . .		...	...	...	...	...	...	...	...	...	...	1	...	1
Bhamo . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND		...	...	...	...	...	...	...	...	...	...	1	...	1
Manipur . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Dibrugarh . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP III.—ASSAM . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Fort William . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Alipore . . . . .		...	...	...	...	1	...	...	...	...	...	...	...	1
Barrackpore . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IV.—BENGAL AND ORISSA . . . . .		...	...	...	...	1	...	...	...	...	...	...	...	1
B		...	...	...	...	...	...	...	...	...	...	1	...	1
Dinapore . . . . .		...	...	...	...	...	...	1	2	...	...	...	...	5
Benares . . . . .		...	2	...	...	...	...	...	...	...	...	...	...	...
Allahabad . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad . . . . .		...	...	...	...	...	...	...	...	...	...	1	...	1
Lucknow . . . . .		...	...	1	1	...	...	...	...	...	...	...	...	2
Cawnpore . . . . .		...	1	...	1	...	...	...	...	...	...	...	...	2
GROUP V.—GANGETIC PLAIN AND CHUTIA } NAGPUR. }		...	3	1	2	...	...	1	2	...	...	...	2	11
A		...	...	...	...	...	...	...	...	...	...	...	2	2
Bareilly . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Rurki . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Dehra Dun . . . . .		4	5	2	...	2	9	5	3	1	2	2	...	35
Meerut . . . . .		...	...	...	...	...	...	...	...	1	1	...	...	2
Delhi . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Ambala . . . . .		...	...	...	...	1	1	...	...	1	1	...	...	4
B		...	...	...	...	...	...	...	...	...	...	...	...	...
Jullundur . . . . .		...	...	...	...	1	...	...	...	...	...	...	...	1
Ferozepore . . . . .		...	...	...	...	...	...	1	2	...	...	...	...	3
Lahore Cantonment . . . . .		...	1	...	...	1	...	1	1	1	1	2	...	8
Amritsar . . . . .		...	...	...	...	1	...	...	...	...	...	...	...	1
Sialkot . . . . .		...	...	...	...	2	...	1	1	2	3	...	...	9
Jhelum . . . . .		...	...	...	...	...	1	...	...	1	1	...	...	3
Rawalpindi . . . . .		...	...	...	...	1	...	1	...	...	...	...	...	2
Attock . . . . .		...	...	...	...	1	...	...	...	...	...	...	...	1
GROUP VI.—UPPER SUB- } HIMALAYA. }		4	6	2	...	10	11	9	7	7	9	4	2	71
A		...	...	...	...	...	...	...	...	...	...	...	...	...
Mardan . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Nowshera . . . . .		...	...	...	...	...	1	...	...	...	...	...	...	1
Peshawar . . . . .		...	1	...	...	...	1	1	...	...	...	...	...	3
Kohat . . . . .		...	...	2	2	3	2	1	...	...	...	...	...	10
Thal . . . . .		...	...	...	...	...	...	1	...	...	...	...	...	1
Edwardesabad . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Dera Ismail Khan . . . . .		2	4	1	2	2	4	1	1	...	...	...	...	17
Multan . . . . .		...	...	...	1	1	1	...	...	1	...	...	...	4
C		...	...	...	...	...	...	...	...	...	...	...	...	9
Jacobabad . . . . .		...	...	...	...	...	...	...	...	1	...	...	...	1
Hyderabad . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Karachi . . . . .		...	...	...	...	2	...	...	...	...	...	...	...	2
GROUP VII.—NORTH- } WESTERN FRONTIER, } INDUS VALLEY, } AND } NORTH-WESTERN RAJ- } PUTANA. }		2	5	3	6	9	11	6	2	2	...	...	2	48
A		...	...	...	...	...	...	...	...	...	...	...	...	...
Rajkot . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Deesa . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Baroda . . . . .		...	...	1	3	1	1	3	1	5	...	1	1	17
B		...	...	...	...	...	...	...	...	...	...	...	...	...
Nasirabad . . . . .		...	...	...	...	...	1	...	...	1	...	...	...	2
Agra . . . . .		...	3	...	...	...	...	...	...	...	...	...	...	3
Gwalior . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Jhansi . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Nowgong . . . . .		1	...	...	1	1	...	2	1	...	1	...	...	5
Goona . . . . .		2	...	...	...	...	...	...	...	...	1	...	...	5
Agar . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	3
Sehore . . . . .		...	...	...	1	...	...	2	1	...	...	...	...	...
Mhow . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	4
GROUP VIII.—SOUTH- } EASTERN RAJPUTANA, } CENTRAL INDIA } AND } GUJARAT. }		3	3	1	5	2	2	7	4	6	2	2	2	39

### TABLE XXXIV.

*PYREXIA OF UNCERTAIN ORIGIN by months, stations, groups, and armies.*

ADMISSIONS FROM PYREXIA OF UNCERTAIN ORIGIN IN EACH MONTH.												
January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
7	7	3	124	29	19	22	23	4	15	16	5	274
7	8	3	124	29	19	22	23	4	15	16	5	275
...	...	...	...	...	1	...	...	...	1	...	4	6
...	...	...	2	...	68	6	2	...	1	...	...	11
...	...	...	...	...	...	39	16	30	46	30	5	234
...	...	...	2	...	69	45	18	30	48	30	9	251
1	...	...	...	...	...	...	...	...	...	...	...	1
...	...	1	...	...	...	...	...	...	...	...	...	1
1	...	1	...	...	...	...	...	...	...	...	...	2
1	...	1	...	...	...	...	...	...	...	...	...	...
1	1	...	...	2	1	4	5	2	8	3	4	31
1	1	...	...	...	...	2	2	...	2	...	...	8
4	3	...	...	3	9	14	8	8	6	3	2	60
6	4	1	...	5	10	20	15	10	16	6	6	99
...	...	...	...	...	...	...	...	...	2	...	...	2
...	...	2	3	2	...	...	4	15	15	4	...	45
...	...	...	...	...	...	...	...	...	...	...	...	...
1	1	...	...	8	2	...	1	1	15	4	1	34
...	...	1	...	...	...	...	...	...	...	...	...	1
1	1	3	3	10	2	...	5	16	32	8	1	82
...	1	4	6	5	7	19	1	...	...	1	3	47
3	2	3	5	3	10	1	1	7	3	5	3	46
...	1	...	...	10	11	...	...	1	...	...	1	24
...	...	...	...	6	10	...	1	...	...	...	...	17
...	...	...	...	...	...	...	...	...	...	...	2	2
...	...	...	1	...	...	1	4	9	2	2	...	19
...	...	...	2	...	...	...	...	...	8	6	...	16
...	...	...	1	...	...	2	1	1	...	...	...	5
...	1	...	4	1	1	...	1	...	1	...	...	9
...	...	...	...	...	...	...	...	...	...	...	...	...
1	...	...	2	1	3	...	...	1	7	1	...	16
...	...	...	...	2	...	2	1	...	1	...	15	21
8	7	2	3	16	25	12	36	103	116	19	13	360
...	...	...	...	...	...	...	...	...	...	...	...	...
12	12	9	24	44	67	35	47	122	131	36	43	582
...	...	...	...	1	1	...	...	...	2	1	...	5
...	...	3	1	4	6	2	1	3	83	132	8	243
...	2	1	...	...	3	...	...	1	12	30	6	55
...	...	...	...	4	1	4	3	...	...	...	...	12
...	...	...	...	...	1	...	...	...	...	...	...	1
...	...	...	...	1	11	4	...	...	...	...	...	16
...	...	...	8	18	9	...	5	4	...	2	...	46

\* Stations where neither Enteric Fever nor Pyrexia of uncertain origin occurred are not shown in these tables. For the annual ratios, see Table XXVIII



# NATIVE TROOPS, 1909.

## TABLE XXXIII—concluded.

ENTERIC FEVER by months, stations, groups, and armies.

## TABLE XXXIV—concluded.

PYREXIA OF UNCERTAIN ORIGIN by months, stations, groups, and armies.

STATIONS, GROUPS, AND ARMIES.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM PYREXIA OF UNCERTAIN ORIGIN IN EACH MONTH.														
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
A																											
Jubbulpore . . . . .	1	1	...	...	...	...	...	...	1	2	...	...	5	...	...	...	4	3	2	1	...	...	...	...	...	10	
Kampti . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	18	13	2	5	...	...	...	1	...	43	
B																											
Aurangabad . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	5	4	5	5	1	8	5	6	42	
Ahmednagar . . . . .	...	...	...	...	...	...	...	1	...	...	1	...	2	3	...	...	1	3	5	1	1	...	2	1	2	19	
Bolarum . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	5	3	3	...	6	2	6	9	7	...	...	4	45	
Secunderabad . . . . .	...	1	...	...	...	...	1	...	1	2	...	...	5	3	7	4	1	3	11	27	13	2	6	2	5	84	
Belgaum . . . . .	...	...	...	...	...	1	...	...	...	1	1	...	3	...	...	1	1	2	4	7	7	5	4	13	6	50	
Poona . . . . .	1	...	...	...	1	2	1	...	...	1	...	1	7	1	5	8	8	3	2	3	10	...	5	4	7	56	
Kirkee . . . . .	...	...	...	...	...	...	...	...	...	...	1	2	3	6	8	2	1	12	12	7	3	3	9	14	4	81	
GROUP IX.—DECCAN . . . . .																											
	2	2	...	...	1	3	2	1	2	6	3	3	25	19	26	20	35	50	44	62	48	18	34	40	34	430	
BOMBAY . . . . .																											
Bombay . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	1	...	2	
Santa Cruz . . . . .	...	...	...	...	...	1	...	1	...	...	...	...	2	...	...	...	...	1	...	...	1	...	...	...	...	2	
Cannanore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	1	...	1	2	1	...	...	1	...	...	10	
GROUP X.—WESTERN COAST . . . . .																											
	...	...	...	...	1	1	...	1	...	...	...	...	3	1	3	1	...	2	2	1	1	1	1	...	1	14	
A																											
Bellary . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4	1	1	2	1	1	1	1	...	...	14	
Bangalore . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1	...	1	2	...	4	1	1	2	11	10	33	
B																											
Trichinopoly . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	2	3	6	3	10	4	2	...	30	
St. Thomas' Mount . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	3	...	1	...	1	1	2	1	1	...	12	
Madras . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	...	1	...	...	...	...	...	...	3	
GROUP XI.—SOUTHERN INDIA . . . . .																											
	1	...	...	...	...	...	...	...	1	...	1	...	3	1	4	8	2	4	5	9	9	6	15	16	13	92	
MAYMYO . . . . .																											
Maymyo . . . . .	1	1	...	...	...	...	...	...	...	...	...	...	2	...	2	...	2	...	1	...	1	...	...	...	...	6	
Kohima . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	3	1	2	...	6	
Shillong . . . . .	...	...	...	...	...	2	4	...	3	2	...	...	11	...	...	7	6	12	7	2	14	7	2	2	2	61	
Almora . . . . .	...	...	...	...	...	2	2	1	1	2	1	...	9	7	4	...	3	6	14	12	12	10	3	3	1	75	
Naini Tal . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	2	...	...	4	...	...	...	6	
Lansdowne . . . . .	...	...	...	...	...	1	2	...	...	...	...	...	3	...	1	1	3	2	3	...	3	1	...	...	1	15	
Simla . . . . .	...	...	...	...	...	1	...	...	...	1	...	...	2	...	...	...	...	2	3	...	...	...	...	...	...	5	
Khairagali . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	2	
Baragali . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	2	
Kalabagh . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	2	
Chitral . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	2	...	7	
Kila Drosh . . . . .	...	...	...	...	1	1	...	...	1	...	...	...	3	1	...	...	...	2	...	...	3	1	17	8	8	40	
Malakand . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	
Dargai . . . . .	...	...	...	...	...	...	1	...	...	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	
Abbottabad . . . . .	1	1	1	...	1	1	1	6	1	3	...	...	16	2	1	3	3	2	2	4	1	3	2	3	1	27	
Fort Sandeman . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	1	...	2	
Musa Khel . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	
Murgha . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	
Quetta . . . . .	2	1	...	1	...	...	3	3	1	3	9	...	23	11	1	6	2	4	15	4	16	19	40	10	9	137	
Robat . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	2	
Shelabagh . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	3	
Manzai . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	
Chaman . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	1	2	2	2	1	8	
GROUP XII.—HILL STATIONS . . . . .																											
	5	3	2	1	2	8	14	12	7	12	10	...	76	22	9	18	19	31	44	29	52	47	73	38	28	410	
MARCHING INDIA . . . . .																											
Marching India . . . . .	...	...	...	...	...	...	...	...	1	1	2	...	4	2	1	2	1	1	1	3	...	1	8	13	8	41	
EXTRA INDIA.																											
(a) In the Indian Command:—																											
Chabbar . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	...	3	
Jask . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	3	...	9	
Aden . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	18	12	6	13	...	2	...	...	4	1	24	8	88	
Khormaksar . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4	4	1	...	1	...	1	1	...	15	
(b) Not in the Indian Command:—																											
Colombo (Ceylon) . . . . .	...	...	...	...	...	...	...	...	...	1	1	...	2	...	...	...	...	...	...	...	...	...	...	3	...	3	
Tien-tsin (North China) . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	3	5	...	...	1	...	...	...	1	...	1	...	11	



# NATIVE TROOPS, 1909.

## TABLE XXXV.

MALARIA by months, stations, groups, and armies.

## TABLE XXXVI.

PNEUMONIA by months, stations, groups, and armies.

STATIONS* AND GROUPS.	ADMISSIONS FROM MALARIA IN EACH MONTH.													ADMISSIONS FROM PNEUMONIA IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
Port Blair . . .	...	...	2	5	2	16	10	6	3	1	6	...	51	2	...	...	...	...	...	...	...	...	...	...	...	2	
Rangoon . . .	4	2	9	2	1	3	8	1	1	9	5	2	47	...	...	...	1	...	...	...	1	...	...	...	...	2	
GROUP I.—BURMA COAST AND BAY ISLANDS.	4	2	11	7	3	19	18	7	4	10	11	2	98	2	...	...	1	...	...	...	1	...	...	...	...	4	
Meiktila . . .	5	...	1	4	3	5	7	6	1	10	8	1	51	...	...	...	...	...	...	...	...	...	...	1	...	1	
Fort Dufferin . . .	12	18	11	10	20	15	25	25	10	20	21	42	229	...	...	...	...	...	...	...	...	...	...	...	...	...	
Bhamo . . .	5	5	7	6	54	43	50	14	20	43	28	7	282	...	...	2	...	...	...	...	...	...	...	...	...	2	
GROUP II.—BURMA INLAND.	22	23	19	20	77	63	82	45	31	73	57	50	562	...	...	2	...	...	...	...	...	...	...	1	...	3	
Manipur . . .	11	2	8	6	10	23	35	22	15	29	17	6	184	2	1	...	...	...	...	...	...	...	...	...	...	3	
Sadiya . . .	1	2	1	...	4	2	6	3	3	4	1	1	28	...	...	...	...	...	...	...	...	...	...	...	...	...	
Dibrugarh . . .	22	1	3	4	14	31	20	3	16	14	21	14	163	2	...	1	...	...	...	3	...	...	...	1	1	8	
GROUP III.—ASSAM	34	5	12	10	28	56	61	28	34	47	39	21	375	4	1	1	...	...	...	3	...	...	...	1	1	11	
Fort William . . .	9	6	10	2	...	1	1	4	2	8	6	2	51	...	...	1	1	...	...	...	...	...	3	2	3	10	
Alipore . . .	13	6	3	5	...	3	17	2	1	7	13	7	77	2	1	...	...	...	...	...	...	...	...	1	...	4	
Barrackpore . . .	6	...	2	...	2	...	...	1	2	5	7	5	30	1	...	1	...	...	...	...	...	...	...	...	1	3	
Buxa . . .	...	2	2	6	3	2	2	1	...	1	...	...	19	...	...	...	...	...	...	...	...	...	...	1	...	1	
GROUP IV.—BENGAL AND ORISSA	28	14	17	13	5	6	20	8	5	21	26	14	177	3	1	2	1	...	...	...	...	...	3	4	4	18	
B	4	1	...	2	...	...	1	2	2	34	10	4	60	1	1	1	...	...	...	...	...	...	2	2	...	7	
Dinapore . . .	14	5	1	2	3	4	6	1	5	9	10	19	79	...	2	...	...	1	...	...	...	...	1	...	...	4	
Benares . . .	10	10	9	26	21	18	27	21	12	18	25	12	209	6	3	1	1	...	...	...	...	...	1	1	...	13	
Allahabad . . .	10	11	19	24	20	16	17	17	18	48	24	11	235	3	3	6	3	...	1	1	...	1	1	...	4	23	
Fyzabad . . .	16	11	14	42	39	25	37	53	86	151	75	27	576	3	3	5	...	1	...	1	...	1	2	4	2	22	
Lucknow . . .	8	8	6	8	9	7	20	16	13	19	22	9	145	4	3	2	1	1	1	...	...	...	1	...	4	17	
Cawnpore . . .	3	8	10	4	4	7	8	2	8	2	4	1	61	...	1	...	1	...	...	...	...	...	...	...	...	2	
Fatehgarh . . .	GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	65	54	59	108	96	77	116	112	144	281	170	83	1,365	17	16	15	6	3	2	2	...	2	8	7	10	88
A	...	13	3	10	25	15	41	46	42	38	35	2	270	...	4	...	4	3	1	3	1	2	5	4	3	30	
Bareilly . . .	...	...	2	...	...	...	1	...	2	...	1	...	6	1	...	...	1	...	...	...	2	...	...	...	2	6	
Rurki . . .	56	40	28	46	45	82	58	72	67	92	56	59	701	7	4	1	2	1	...	...	...	1	4	3	12	35	
Dehra Dun . . .	13	12	19	16	38	42	54	73	80	121	67	25	560	1	...	1	1	...	2	1	...	1	1	4	...	12	
Meerut . . .	13	18	19	37	25	23	20	20	40	21	20	44	300	9	6	4	...	...	2	1	...	...	1	3	2	28	
Delhi . . .	10	6	4	7	20	15	4	20	13	57	30	14	200	...	3	1	...	...	1	...	...	...	...	1	10	16	
Ambala . . .	B	16	11	10	14	16	14	17	14	16	22	56	22	228	4	1	3	4	2	...	1	...	...	2	3	7	27
Jullundur . . .	28	14	6	12	0	6	5	4	11	20	24	20	156	11	10	7	...	1	...	1	3	1	1	2	4	41	
Ferozepore . . .	11	6	5	7	7	3	11	7	14	16	8	102	9	1	4	...	1	...	1	...	1	1	5	18	41		
Lahore Cantonment . . .	...	2	1	1	...	1	1	1	3	2	2	...	14	...	...	1	1	1	...	...	...	...	...	...	...	3	
Amritsar . . .	4	4	1	4	5	5	11	8	11	26	19	9	107	1	1	1	...	1	1	...	1	...	3	2	3	14	
Sialkot . . .	50	35	55	43	38	41	26	39	38	63	81	67	576	6	12	10	1	2	2	1	3	1	4	4	31	77	
Thelam . . .	15	11	6	3	10	6	6	12	30	76	30	20	225	3	1	2	6	1	1	...	1	...	...	3	4	22	
Rawalpindi . . .	3	2	1	3	...	1	...	3	2	3	1	2	21	...	...	...	...	...	...	...	...	...	...	...	...	...	
Attock . . .	2	...	1	...	...	1	6	4	...	1	1	...	16	...	...	...	...	...	...	...	...	...	...	...	...	...	
Campbellpore . . .	GROUP VI.—UPPER SUB-HIMALAYA.	221	174	161	203	235	259	253	327	362	556	439	292	3,482	52	43	35	20	13	10	9	11	7	22	34	95	352

Stations where neither Malaria nor Pneumonia occurred are not shown in these tables. For the annual ratios, see Table XXVIII.



NATIVE TROOPS, 1909.

TABLE XXXV—continued.

MALARIA by months, stations, groups, and armies.

TABLE XXXVI—continued.

PNEUMONIA by months, stations, groups and armies.

STATIONS AND GROUPS.	ADMISSIONS FROM MALARIA IN EACH MONTH.													ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Mardan . . . . .	2	3	2	1	...	4	2	2	18	54	86	63	237	3	3	1	3	2	1	3	1	1	1	5	7	31
Nowshera . . . . .	72	39	32	66	121	148	90	85	97	108	291	107	1,256	8	5	7	2	1	2	1	...	2	1	10	5	44
Peshawar . . . . .	78	54	46	47	116	104	67	57	126	163	79	49	986	9	25	13	2	6	3	...	1	2	3	6	9	79
Fort Jamrud . . . . .	2	4	2	4	4	1	2	...	2	...	...	4	25	...	...	1	...	...	1	...	...	...	...	...	...	2
Kohat . . . . .	75	38	20	36	72	49	17	40	83	94	71	59	654	7	7	3	2	4	1	1	5	2	3	4	8	47
Thal . . . . .	5	1	1	6	7	3	4	5	10	10	7	6	65	...	...	...	...	1	...	...	2	...	...	...	...	3
Edwardesabad . . . . .	113	39	48	41	60	102	91	72	83	230	345	215	1,439	8	5	10	2	...	...	1	...	1	...	5	3	35
Dera Ismail Khan . . . . .	234	74	49	48	132	90	50	67	133	252	288	249	1,666	22	2	8	2	1	...	1	...	...	...	3	4	43
Jatta . . . . .	2	4	1	...	17	8	1	16	8	7	7	5	76	...	...	1	...	...	...	...	...	...	...	...	...	1
Drazinda . . . . .	3	3	1	3	15	4	2	4	4	6	4	16	65	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Zam . . . . .	2	2	...	1	25	3	1	4	9	3	8	1	59	...	...	...	...	...	...	...	...	...	...	...	...	...
Multan . . . . .	18	11	13	14	20	17	16	29	47	110	67	25	387	5	5	5	...	2	2	...	2	...	1	4	4	30
B																										
Jandola . . . . .	17	6	2	7	20	27	21	20	13	10	64	30	237	...	...	...	...	...	...	...	...	...	...	...	...	...
Sibi . . . . .	3	1	...	1	7	1	...	5	...	3	3	17	41	...	...	...	...	...	...	...	...	...	...	...	...	...
C																										
Jacobabad . . . . .	18	15	11	4	9	3	2	2	24	74	58	8	228	2	...	2	2	...	1	...	1	...	5	2	3	18
Hyderabad . . . . .	31	12	16	30	16	20	13	1	8	15	41	36	239	6	4	2	...	...	...	1	2	1	2	1	1	20
Karachi . . . . .	20	6	10	7	10	10	34	18	22	20	25	64	246	1	2	...	...	...	...	...	...	...	2	3	...	8
GROUP VII.— NORTH-WEST- ERN FRONTIER, INDUS VALLEY, AND NORTH- WESTERN RAJ- PUTANA.	695	312	254	316	651	594	413	427	687	1,159	1,444	954	7,906	71	58	53	15	17	11	8	14	9	16	42	47	361
A																										
Bhuj . . . . .	1	3	5	3	6	2	...	1	5	10	10	13	59	...	...	...	...	1	...	...	...	...	...	...	...	1
Rajkot . . . . .	...	...	1	...	...	...	7	2	1	...	2	1	14	...	...	...	...	...	...	...	...	1	...	...	...	1
Deesa . . . . .	12	13	9	3	6	13	11	23	10	7	1	1	109	...	1	1	1	...	...	...	1	...	2	1	...	7
Ahmedabad . . . . .	8	1	10	14	8	5	5	6	20	39	43	10	169	...	1	4	1	1	...	...	...	...	2	1	...	10
Baroda . . . . .	14	12	14	12	15	13	10	4	5	10	15	17	141	2	2	1	1	...	...	...	3	...	1	...	...	10
B																										
Erinpura . . . . .	2	3	2	5	2	5	3	9	14	24	14	8	91	4	4	3	2	1	...	2	1	1	...	1	3	22
Neemuch . . . . .	5	4	7	...	1	1	3	1	6	10	3	...	41	1	...	...	...	1	...	...	...	...	...	...	...	2
Deoli . . . . .	...	...	2	2	3	3	2	13	9	8	6	1	49	2	1	1	...	...	...	...	...	...	1	2	...	7
Nasirabad . . . . .	9	5	10	4	12	14	2	8	6	26	51	37	184	1	1	4	1	...	...	...	...	...	...	...	...	7
Ajmir . . . . .	3	3	13	2	1	2	4	6	3	13	13	3	66	2	...	1	1	1	...	...	...	...	1	...	...	6
Jaipur . . . . .	...	...	...	...	...	...	...	...	2	2	2	...	4	...	...	...	...	...	...	...	...	...	1	1	...	2
Agra . . . . .	8	4	9	36	26	22	9	28	73	78	19	27	339	2	1	2	...	1	...	...	...	...	1	3	1	11
Jhansi . . . . .	72	48	45	55	72	66	58	54	55	100	119	81	825	1	...	1	1	1	...	...	1	1	...	1	3	10
Nowgong . . . . .	8	9	9	8	9	8	14	4	13	12	21	16	131	3	3	1	...	...	...	...	...	...	...	...	...	7
Goona . . . . .	3	6	1	2	1	2	2	3	...	3	3	3	29	...	1	...	...	...	...	...	...	...	...	...	...	1
Agar . . . . .	2	...	...	...	1	...	...	...	1	2	1	2	9	1	...	...	...	...	...	...	...	...	...	...	...	1
Sehore . . . . .	7	5	5	15	22	5	13	12	7	15	8	2	116	1	1	1	1	...	1	2	...	...	...	...	...	8
Indore . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1
Mhow . . . . .	25	17	36	28	25	33	15	24	14	18	1	...	236	...	...	...	...	...	...	...	...	1	1	...	...	2
GROUP, VIII.— SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJRAT.	179	133	178	189	0	194	158	199	242	377	332	222	2,613	21	16	20	9	7	...	3	8	3	7	13	9	116



# NATIVE TROOPS, 1909.

## TABLE XXXV—continued.

MALARIA by months, stations, groups, and armies.

## TABLE XXXVI—continued.

PNEUMONIA by months, stations, groups and armies.

STATIONS AND GROUPS.	ADMISSIONS FROM MALARIA IN EACH MONTH.													ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Saugor . . . .	19	9	14	28	14	7	9	3	14	21	7	6	151	3	...	...	2	...	...	...	...	...	1	2	2	10
Sutna . . . .	...	...	...	1	...	...	2	1	1	...	...	1	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore . .	43	20	7	42	55	44	96	60	73	108	52	24	634	1	5	...	1	1	...	...	...	...	1	1	1	16
Kampti . . . .	4	7	11	...	6	...	3	7	2	2	10	3	55	2	...	2	...	...	...	...	...	...	...	2	...	6
B																										
Aurangabad . .	6	7	21	13	3	7	1	15	25	21	24	15	158	1	...	...	1	...	...	...	3	...	...	...	1	6
Ahmednagar . .	2	2	2	7	1	2	7	11	7	3	3	3	50	1	1	2	...	...	...	...	1	...	1	4	...	10
Bolarum . . . .	3	3	1	...	6	12	6	7	7	1	5	4	55	...	3	1	...	...	...	1	1	...	2	4	...	12
Secunderabad . .	12	5	3	1	8	10	10	20	25	14	23	22	153	6	3	2	2	...	...	...	...	2	3	1	1	20
Belgaum . . . .	2	3	2	5	3	3	11	7	6	13	13	9	77	1	2	7	2	1	2	...	1	2	1	2	...	21
Satara . . . .	...	1	...	1	1	...	1	1	...	2	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Poona . . . .	2	...	1	1	7	47	15	13	9	4	14	7	120	2	1	1	...	2	...	...	...	1	1	1	...	9
Kirkee . . . .	6	7	23	25	19	35	15	12	19	17	27	21	226	1	6	1	...	1	1	1	3	...	1	2	3	20
GROUP IX —DECCAN	99	64	95	124	123	167	176	157	188	206	178	115	1,692	18	21	16	8	5	3	2	9	5	8	15	14	124
Bombay . . . .	19	19	10	15	23	8	13	18	22	26	36	26	235	...	...	1	...	1	...	...	...	...	2	...	...	4
Santa Cruz . . .	27	13	7	6	3	2	6	16	11	24	14	61	190	...	2	...	...	1	...	...	...	...	...	...	...	3
Cannanore . . .	...	...	2	...	1	...	...	...	1	...	...	...	4	...	1	...	1	...	...	...	...	...	...	...	...	2
Trivandrum . . .	...	1	...	...	1	...	...	...	...	...	1	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP X.—WEST-ERN COAST . . }	46	33	19	21	28	10	19	34	34	50	51	87	432	...	3	1	1	2	...	...	...	...	2	...	...	9
A																										
Bellary . . . .	2	2	4	2	1	1	2	...	...	5	8	8	35	...	...	...	...	...	...	...	...	...	1	...	...	1
Bangalore . . .	48	28	18	16	48	47	35	32	39	31	41	36	419	5	11	13	3	5	2	4	3	2	4	4	3	59
B																										
Trichinopoly . .	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	1
St. Thomas' Mount	...	...	...	...	1	...	...	...	...	1	2	1	5	...	1	1	...	...	...	...	...	...	1	...	...	3
Madras . . . .	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XI.—SOUTHERN INDIA. }	50	30	22	18	50	48	37	32	39	37	52	46	461	5	13	14	3	5	2	4	3	2	4	6	3	64
Maymyo . . . .	5	7	6	11	21	17	22	6	10	14	12	10	141	...	2	...	...	1	1	2	1	1	...	1	2	11
Kohima . . . .	...	1	2	2	5	4	22	16	21	13	1	13	100	1	6	1	...	...	...	...	...	2	...	...	...	10
Shillong . . . .	20	15	12	3	13	6	9	10	9	11	27	41	176	...	4	3	...	...	...	1	...	...	1	1	...	10
Gangtok . . . .	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Gyantse . . . .	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	2
Almora . . . .	1	1	...	17	11	12	10	15	3	...	3	1	74	1	...	...	2	...	1	...	2	...	...	...	...	6
Naini Tal . . .	...	...	...	...	3	2	1	1	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Lansdowne . . .	20	16	6	6	7	10	16	23	36	24	5	41	210	5	...	2	6	...	...	2	1	2	...	1	2	21
Simla . . . .	7	8	4	17	5	9	6	4	4	...	2	...	66	1	...	1	3	...	1	...	...	2	...	...	...	8
Jutogh . . . .	...	...	...	3	2	...	1	2	4	2	...	...	14	...	...	...	...	1	...	...	...	1	...	...	...	2
Dharmasala . . .	5	3	14	24	24	12	26	25	13	9	1	14	170	1	...	1	...	...	...	...	...	1	...	...	...	7
Bakloh . . . .	16	18	15	23	5	12	20	28	24	29	8	15	213	2	...	...	...	...	...	...	...	2	...	2	...	6
Khyragali . . .	...	...	...	...	1	2	4	6	3	5	...	...	21	...	...	...	...	1	...	...	...	...	...	...	...	1
Baragali . . . .	...	...	...	...	...	2	5	2	2	...	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Kalabagh . . . .	...	...	...	...	...	...	1	...	1	3	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Chitral . . . .	1	...	2	...	1	...	1	...	11	...	...	...	16	1	...	...	...	...	...	...	...	...	...	...	...	2
Kila Dosh . . .	7	3	2	4	11	14	13	13	26	22	...	...	115	...	1	...	...	...	...	...	...	...	...	...	...	2
Malakand . . .	10	7	18	17	12	4	7	7	21	41	4	4	152	1	1	1	...	...	2	...	3	3	1	1	3	16
Dargai . . . .	13	2	4	5	3	2	3	10	38	2	12	11	105	8	2	2	...	3	...	...	...	1	...	...	...	17
Chakdara . . . .	12	...	1	...	...	3	16	82	35	35	18	6	208	2	...	...	...	...	...	...	...	...	...	...	...	3
Abbottabad . . .	26	24	34	27	30	26	20	49	53	42	33	43	407	9	4	5	4	1	4	1	1	3	4	8	7	51
Cherat . . . .	...	...	...	4	1	4	...	...	...	2	...	1	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Lockhart . .	4	2	2	6	9	3	4	14	12	6	14	...	76	1	1	1	...	...	...	...	...	...	...	...	...	4
Hangu . . . .	17	3	5	3	5	5	3	2	...	2	5	11	61	...	1	...	...	...	...	...	...	...	4	3	...	8



# NATIVE TROOPS, 1909.

## TABLE XXXV—concluded.

MALARIA by months, stations, groups, and armies.

## TABLE XXXVI—concluded.

PNEUMONIA by months, stations, groups, and armies.

STATIONS, GROUPS, AND ARMIES.	ADMISSIONS FROM MALARIA IN EACH MONTH.													ADMISSIONS FROM PNUMONIA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Mir Ali Khel . . .	2	...	...	...	2	4	3	6	7	4	1	...	29	...	1	2	...	...	...	...	...	...	...	1	4	
Fort Sandeman . . .	8	4	6	5	5	4	5	5	8	13	3	4	70	1	5	3	1	...	...	...	1	...	1	2	15	
Hindu Bagh . . .	...	...	1	...	...	...	1	1	4	2	...	...	9	...	1	...	...	...	...	...	...	...	...	...	1	
Musa Khel . . .	...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	
Kila Saifulla . . .	...	...	...	1	...	...	...	1	3	4	...	1	10	...	...	...	...	...	...	...	...	...	...	...	...	
Murgha . . .	1	...	...	...	...	...	...	2	11	7	2	1	24	...	...	1	1	...	...	...	...	...	...	...	2	
Loralai . . .	2	...	6	2	6	10	9	12	23	12	17	7	106	9	3	4	...	1	...	...	...	2	...	3	22	
Gumbaz . . .	...	...	...	...	...	...	1	1	2	2	2	2	10	...	...	...	...	...	...	...	...	...	...	...	...	
Quetta . . .	12	16	14	28	21	23	28	34	54	46	24	16	316	5	7	9	4	6	2	8	5	6	9	4	69	
Robat . . .	1	1	...	2	10	11	...	...	...	...	...	...	25	1	...	...	...	...	...	...	...	...	...	...	1	
Pishin . . .	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	
Manzai . . .	8	3	10	7	3	4	...	...	...	...	...	...	35	...	...	...	...	...	...	...	...	...	...	...	...	
Shelabagh . . .	...	1	3	1	3	1	...	2	...	...	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	
Chaman . . .	...	1	...	4	...	1	2	2	10	1	1	1	23	4	1	...	...	1	...	...	...	...	1	...	7	
Mount Abu . . .	1	2	...	2	1	1	1	...	...	9	13	...	30	...	...	...	...	...	...	...	...	...	...	...	...	
Ootacamund . . .	...	...	...	...	...	2	...	...	...	1	1	...	4	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP XII.—HILL STATIONS.	199	140	167	224	220	211	260	381	439	374	201	243	3,067	53	40	36	22	12	15	14	14	22	21	26	33	308
Marching, India . . .	99	47	31	13	53	42	34	29	88	104	272	190	1,002	10	16	3	...	1	1	...	1	4	3	10	23	72
EXTRA INDIA. (a) In the Indian Command:—																										
Chabbar . . .	4	...	3	2	1	2	1	...	7	7	9	5	41	...	...	...	...	...	1	...	...	...	...	...	...	1
Jask . . .	...	1	...	...	6	3	2	2	...	...	...	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Muscat . . .	...	...	1	1	2	...	...	...	2	1	2	1	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Bushire . . .	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Baghdad . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Aden . . .	3	6	2	4	38	28	13	13	...	23	...	26	156	...	...	2	...	...	...	...	...	1	1	...	4	
Khormaksar . . .	1	2	1	...	...	...	2	...	1	...	...	1	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Perim . . .	...	...	1	1	1	...	...	...	1	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Not in the Indian Command:—																										
Colombo (Ceylon) . . .	6	15	24	8	3	8	8	2	9	5	8	4	100	...	...	2	...	...	...	...	...	...	...	1	...	4
Singapore . . .	3	3	5	3	3	2	2	2	7	3	14	1	48	...	...	...	...	...	...	...	...	...	...	...	...	...
Tien-tsin (North China) . . .	...	1	...	...	...	...	1	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	1	1	...	3
Hong-Kong (South China) . . .	3	2	1	2	4	...	2	3	6	5	10	14	52	1	1	2	2	...	1	2	1	1	...	...	1	12
ARMY OF INDIA . . .	1,761	1,061	1,033	1,287	1,837	1,789	1,679	1,808	2,330	3,339	3,323	2,371	23,668	258	229	204	88	66	45	48	62	55	93	163	244	1,555
NORTHERN ARMY . . .	1,138	633	596	805	1,147	1,113	1,011	1,213	1,556	2,289	2,143	1,467	15,111	173	134	121	56	38	33	25	29	30	54	101	177	971
SOUTHERN ARMY . . .	512	366	426	456	627	624	621	559	664	933	876	695	7,353	73	78	76	30	26	10	21	31	20	36	51	41	493

# NATIVE TROOPS, 1909.

## TABLE XXXVII.

DYSENTERY by months, stations, groups, and armies.

## TABLE XXXVIII.

DIARRHŒA by months, stations, groups, and armies.

STATIONS* AND GROUPS.	ADMISSIONS FROM DYSENTERY IN EACH MONTH.													ADMISSIONS FROM DIARRHŒA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair . . . . .	5	1	5	1	3	4	...	2	...	...	...	1	22	...	...	...	...	...	...	...	...	1	...	...	...	1
Rangoon . . . . .	4	4	3	3	8	13	13	8	9	...	9	8	84	...	...	...	...	1	...	...	...	...	3	...	...	4
GROUP I.—BURMA COAST AND BAY ISLANDS . . . . .	9	5	8	4	11	17	13	10	9	2	9	9	106	...	...	...	...	1	...	...	...	1	3	...	...	5
Meiktila . . . . .	...	...	1	1	1	...	...	...	1	...	1	...	5	2	...	...	...	...	...	...	...	1	...	...	...	3
Fort Dufferin . . . . .	1	2	...	...	...	...	2	10	2	1	2	...	20	1	2	...	...	1	1	...	...	...	...	...	...	5
Bhamo . . . . .	1	...	2	1	1	1	...	...	1	1	1	...	9	2	...	...	1	2	4	...	1	4	...	1	...	15
GROUP II.—BURMA INLAND	2	2	3	2	2	1	2	10	4	2	4	...	34	5	2	...	...	1	3	5	...	1	5	...	1	23
Manipur . . . . .	5	...	2	...	2	...	...	...	2	3	3	...	17	...	...	1	...	13	3	2	...	...	...	...	...	19
Sadiya . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	1	...	2
Dibrugarh . . . . .	4	1	1	...	1	19	4	1	...	1	4	...	36	...	...	...	...	...	...	...	...	1	1	...	...	2
GROUP III.—ASSAM . . . . .	9	1	3	...	4	19	4	1	2	4	7	...	54	...	...	1	...	13	4	2	...	...	1	1	1	23
Fort William . . . . .	2	1	7	1	1	2	5	5	1	6	1	1	33	...	...	3	1	...	...	...	...	...	...	2	...	6
Alipore . . . . .	5	3	8	4	2	...	...	1	...	2	4	5	31	...	...	...	...	1	...	...	...	...	...	...	...	1
Barrackpore . . . . .	13	9	1	3	14	2	2	4	4	5	14	7	78	...	...	1	1	...	...	...	...	...	...	...	...	2
Buxa . . . . .	2	...	...	2	2	...	...	...	...	...	...	...	6	...	...	...	...	2	1	...	...	1	1	...	...	5
GROUP IV.—BENGAL AND ORISSA . . . . .	22	13	16	10	19	4	7	10	5	13	19	13	151	...	...	4	2	3	1	...	...	...	1	1	2	14
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dinapore . . . . .	...	...	...	2	2	1	1	1	...	3	5	6	21	...	...	...	...	...	...	...	...	2	...	...	...	2
Benares . . . . .	2	2	1	4	1	3	9	...	3	2	7	1	35	...	...	...	1	...	...	...	2	...	...	...	...	3
Allahabad . . . . .	7	1	3	1	6	1	4	9	4	12	6	12	66	...	...	...	...	...	...	...	...	...	1	...	...	1
Fyzabad . . . . .	...	7	2	3	1	1	2	1	3	3	13	2	38	...	...	1	...	...	1	...	1	...	...	...	...	4
Lucknow . . . . .	10	6	9	14	12	3	2	6	13	19	4	8	106	...	2	...	6	4	4	1	2	1	3	3	5	31
Cawnpore . . . . .	...	...	...	...	1	1	1	1	3	5	4	4	20	...	1	...	...	...	1	...	...	...	...	...	...	2
Fatehgarh . . . . .	...	1	3	1	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . . . .	19	17	18	25	23	10	19	18	26	44	39	33	291	...	3	1	7	4	6	1	3	3	6	4	5	43
A	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bareilly . . . . .	...	3	2	1	1	...	3	3	5	8	5	1	32	...	...	...	...	...	...	2	2	1	2	...	...	7
Rurki . . . . .	...	...	...	...	...	...	...	...	...	...	2	2	4	1	...	...	...	...	...	...	2	...	...	...	...	3
Dehra Dun . . . . .	9	2	3	2	9	8	8	8	6	13	6	8	82	...	...	1	...	...	1	...	2	...	2	...	...	6
Meerut . . . . .	4	...	1	2	4	1	...	3	5	9	7	3	39	...	2	2	...	1	...	1	...	...	1	1	1	9
Delhi . . . . .	4	3	1	2	1	2	2	4	2	3	14	6	44	...	...	2	4	2	2	2	1	3	3	2	...	21
Ambala . . . . .	3	2	...	...	2	3	3	3	13	7	5	2	43	1	...	...	1	...	...	...	...	...	...	...	...	2
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jullundur . . . . .	1	...	5	1	8	4	3	11	6	8	8	15	70	...	...	...	1	...	...	...	1	...	...	1	...	3
Ferozepore . . . . .	2	3	1	5	3	6	1	4	2	8	6	4	45	2	...	1	...	...	...	...	...	...	1	...	...	4
Lahore Cantonment . . . . .	2	2	...	4	5	5	4	9	3	8	7	7	56	...	...	...	...	1	...	...	...	...	...	...	...	1
Amritsar . . . . .	...	1	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot . . . . .	2	...	...	...	5	...	2	5	15	10	9	...	48	...	...	...	...	...	...	2	3	3	...	...	...	8
Jhelum . . . . .	3	1	1	4	5	4	...	12	11	11	11	10	74	1	1	...	...	1	1	...	1	1	2	4	10	23
Rawalpindi . . . . .	...	2	1	3	1	4	2	4	5	5	8	11	46	...	...	...	1	...	1	1	...	...	...	1	...	4
Attock . . . . .	...	...	...	1	...	1	...	...	...	3	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Campbellpore . . . . .	...	...	...	...	...	...	...	1	...	...	3	...	4	...	...	...	...	...	...	...	...	1	...	...	...	1
GROUP VI.—UPPER SUB-HIMALAYA . . . . .	30	19	15	25	45	38	28	67	73	94	91	69	594	5	3	6	7	5	4	4	9	12	13	10	13	91

\* Stations where neither Dysentery nor Diarrhœa occurred are not shown in these tables. For the annual ratios, see Table XXVIII.



NATIVE TROOPS, 1909.

TABLE XXXVII—continued.

DYSENTERY by months, stations, groups, and armies.

TABLE XXXVIII—continued.

DIARRHŒA by months, stations, groups, and armies.

STATIONS AND GROUPS.	ADMISSIONS FROM DYSENTERY IN EACH MONTH.												ADMISSIONS FROM DIARRHŒA IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Mardan . . . . .	2	1	...	...	...	...	...	...	3	4	13	11	34	...	...	...	...	...	...	...	...	...	1	1	2	
Nowshera . . . . .	10	1	4	21	26	12	12	14	29	33	20	17	199	...	...	3	5	3	2	2	1	...	1	4	1	22
Peshawar . . . . .	8	4	4	6	3	18	7	6	8	15	42	13	134	...	4	3	...	1	6	...	...	1	4	1	20	
Fort Jamrud . . . . .	...	...	...	1	...	1	1	...	2	...	2	1	8	...	...	...	...	...	...	...	1	...	...	...	1	9
Kohat . . . . .	2	5	6	3	7	7	3	3	3	5	12	25	81	...	...	...	2	1	1	...	2	1	1	...	...	...
Thal . . . . .	...	...	...	1	1	1	...	1	...	...	...	...	4	...	...	...	2	...	...	...	...	...	...	...	2	2
Edwardesabad . . . . .	7	12	6	4	7	7	8	16	15	15	36	27	160	3	...	1	2	10	8	3	6	7	4	5	14	63
Dera Ismail Khan . . . . .	10	9	2	6	7	6	14	15	21	14	14	19	137	10	2	2	...	2	2	2	36	...	...	2	1	59
Jatta . . . . .	1	1	...	...	...	...	...	...	1	3	...	...	6	...	2	...	...	...	...	1	...	...	...	...	...	3
Drazinda . . . . .	...	1	...	...	...	7	...	1	...	1	1	2	13	...	...	...	...	1	1	...	...	2	...	...	...	4
Fort Zam . . . . .	...	...	...	...	1	2	...	2	1	1	...	1	8	...	...	...	...	...	...	2	...	...	...	...	...	2
Multan . . . . .	1	1	2	4	...	1	3	3	1	5	12	11	44	...	...	...	...	1	...	...	...	2	2	...	...	5
B																										
Jandola . . . . .	2	...	2	1	1	...	2	7	2	1	3	1	22	...	...	...	...	...	...	...	...	...	...	...	...	...
Sibi . . . . .	1	...	...	...	...	...	...	...	...	...	1	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...
C																										
Jacobabad . . . . .	2	1	1	1	...	...	...	...	6	13	9	1	34	...	...	...	...	...	...	...	...	...	...	...	...	...
Hyderabad . . . . .	6	6	2	1	1	...	1	...	...	...	...	1	18	2	...	...	3	...	1	...	2	1	1	...	2	12
Karachi . . . . .	4	1	5	2	...	1	...	1	2	1	5	...	22	2	3	2	...	...	...	1	2	4	1	1	...	16
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA . . . . .	56	43	34	51	54	63	51	69	94	111	170	131	927	17	11	11	14	19	21	8	52	14	13	20	20	220
A																										
Bhuj . . . . .	...	...	...	...	...	1	1	...	...	1	...	...	3	...	...	...	1	1	...	...	1	...	...	...	...	3
Deesa . . . . .	...	...	...	...	...	1	...	...	2	2	1	...	6	...	...	2	...	...	...	2	...	...	...	...	...	4
Ahmedabad . . . . .	2	...	...	...	1	...	3	5	1	1	1	...	14	...	...	...	...	...	2	1	...	...	...	...	...	3
Baroda . . . . .	1	2	...	1	3	3	7	7	1	3	8	1	37	1	...	...	...	...	...	...	...	...	...	...	...	1
B																										
Erinpura . . . . .	1	...	...	...	...	...	1	6	4	2	...	3	17	...	...	...	...	...	...	...	2	...	1	...	...	3
Neemuch . . . . .	3	...	1	...	1	...	...	1	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Deoli . . . . .	...	...	...	...	1	1	...	3	...	...	...	1	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Nasirabad . . . . .	1	...	...	2	2	...	...	2	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Ajmer . . . . .	...	...	...	...	...	...	...	1	...	...	2	...	3	...	...	...	...	...	...	1	...	...	...	...	...	1
Agra . . . . .	...	...	...	1	1	3	...	1	4	5	6	2	23	...	...	...	...	...	1	2	...	...	...	...	...	3
Jhansi . . . . .	2	8	2	4	7	...	5	11	3	3	3	6	54	...	1	1	2	...	...	2	6	1	5	4	2	24
Nowgong . . . . .	...	2	1	...	...	2	2	...	1	3	1	3	15	2	1	...	...	...	...	1	...	...	...	...	...	4
Goona . . . . .	1	...	...	...	1	3	1	...	...	1	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Agar . . . . .	...	...	...	...	...	3	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Sehore . . . . .	...	...	...	2	...	...	1	...	...	2	1	1	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Mhow . . . . .	...	...	1	1	2	2	5	4	...	2	...	...	17	...	1	...	1	3	...	1	...	...	...	...	...	6
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT . . . . .	11	12	5	11	19	16	29	40	17	25	23	17	225	3	3	3	4	4	...	6	14	3	5	5	2	52
A																										
Saugor . . . . .	...	1	...	1	4	2	1	2	1	...	2	1	15	1	1	...	...	...	...	1	...	...	...	...	...	3
Sutna . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore . . . . .	12	16	14	12	14	29	25	17	12	13	4	4	172	5	5	...	3	3	2	2	2	2	2	...	1	27
Kampti . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	3

# NATIVE TROOPS, 1909.

## TABLE XXXVII—continued.

DYSENTERY by months, stations, groups, and armies.

## TABLE XXXVIII—continued.

DIARRHŒA by months, stations, groups, and armies.

STATIONS AND GROUPS.	ADMISSIONS FROM DYSENTERY IN EACH MONTH.												TOTAL.	ADMISSIONS FROM DIARRHŒA IN EACH MONTH.												TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
B																										
Aurangabad . . . . .	1	...	...	2	2	...	4	2	...	1	2	1	15	...	...	...	...	...	...	2	...	1	...	1	...	4
Ahmednagar . . . . .	1	4	3	1	...	...	4	2	4	2	4	5	30	...	...	...	...	...	...	...	1	...	...	3	...	4
Bolarum . . . . .	2	2	...	1	4	2	2	...	2	1	...	1	17	1	...	...	...	1	...	7	6	4	2	3	5	29
Secunderabad . . . . .	15	5	1	4	5	20	12	13	9	3	3	2	92	...	1	...	...	...	...	1	...	...	...	...	...	2
Belgaum . . . . .	1	4	2	2	2	14	11	4	...	2	10	3	55	...	...	...	1	...	4	12	...	...	1	3	...	21
Satara . . . . .	...	...	...	...	2	1	2	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Poona . . . . .	1	8	7	1	2	3	7	7	4	3	13	2	58	...	2	...	...	...	1	3	...	1	...	...	...	7
Kirkee . . . . .	...	1	1	3	1	...	9	3	1	...	3	1	23	2	2	2	3	4	7	12	7	3	1	2	...	45
GROUP IX.—DECCAN	33	41	28	27	36	71	77	50	33	25	42	20	483	9	11	2	7	8	14	40	19	11	6	12	6	145
Bombay . . . . .	7	...	3	4	2	4	2	...	2	1	5	5	35	2	...	1	...	...	...	3	1	...	1	1	5	14
Santa Cruz . . . . .	8	10	6	4	...	4	19	14	5	8	14	11	101	3	...	...	...	...	1	...	1	...	...	1	...	6
Cannanore . . . . .	...	2	...	...	...	...	1	1	...	2	...	1	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Trivandrum . . . . .	...	...	...	...	...	1	1	1	...	2	...	...	5	...	1	...	1	...	...	...	...	...	...	...	...	2
GROUP X.—WESTERN COAST	15	12	9	8	2	9	23	16	7	13	19	17	150	5	1	1	1	...	1	3	2	...	1	2	5	22
A																										
Bellary . . . . .	1	...	...	1	...	1	...	...	2	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Bangalore . . . . .	5	12	7	14	13	10	11	10	15	13	13	10	133	2	...	...	...	2	3	1	4	7	2	4	1	26
B																										
Trichinopoly . . . . .	2	1	...	...	...	2	...	1	1	...	1	...	8	...	1	1	1	...	...	1	...	...	...	...	...	4
St. Thomas' Mount . . . . .	1	1	...	1	...	...	...	...	...	1	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras . . . . .	2	2	1	...	1	...	1	...	...	...	2	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XI.—SOUTHERN INDIA	11	16	8	16	14	13	12	11	18	14	16	10	159	2	1	1	1	2	3	2	4	7	2	4	1	30
Maymyo . . . . .	...	...	1	3	...	3	1	...	...	...	1	...	9	2	...	...	...	2	4	5	2	...	...	...	...	15
Kohima . . . . .	1	...	1	...	...	1	...	...	...	1	...	...	4	...	...	...	...	1	...	...	1	...	...	...	...	2
Shillong . . . . .	1	1	...	3	4	6	7	2	...	2	1	...	27	...	...	...	...	6	2	5	5	3	...	...	...	21
Gangtok . . . . .	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	1	...	...	...	2
Gyantse . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Almora . . . . .	...	...	...	2	8	2	11	2	2	1	1	...	29	...	...	1	...	4	1	1	...	...	...	2	...	9
Naini Tal . . . . .	...	...	...	...	4	7	2	1	...	...	...	...	14	...	...	...	...	1	...	...	...	2	...	...	...	3
Lansdowne . . . . .	6	1	3	4	4	11	8	8	2	1	2	12	62	1	...	...	...	...	1	1	...	...	...	...	...	3
Simla . . . . .	1	3	2	3	7	6	4	4	1	4	...	...	37	...	...	...	...	...	1	...	...	...	...	...	...	1
Jutogh . . . . .	...	...	2	2	2	3	1	2	1	...	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Dhamsala . . . . .	1	...	1	1	1	1	...	2	...	1	...	...	8	...	...	1	...	1	5	...	...	...	...	...	...	7
Bakloh . . . . .	...	...	...	3	1	...	3	3	1	2	1	...	14	...	...	...	2	...	...	2	...	1	1	...	...	4
Khyragali . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	2	1	...	...	...	1	...	...	...	4
Kalabagh . . . . .	...	...	...	...	5	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Chitral . . . . .	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Kila Drosh . . . . .	1	...	1	1	...	...	...	3	...	1	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Malakand . . . . .	2	1	...	...	...	...	...	1	...	5	2	...	11	1	2	...	1	...	...	...	...	1	...	...	...	5
Dargai . . . . .	...	1	1	...	3	...	3	...	...	2	3	...	10	...	...	...	1	...	...	...	...	...	...	...	...	...
Chakdara . . . . .	...	...	...	1	...	...	...	...	1	2	3	...	7	...	...	...	1	...	...	...	...	...	...	...	...	1
Abbottabad . . . . .	5	1	2	2	3	1	5	4	3	5	6	6	43	...	...	...	...	...	...	2	...	...	1	...	...	3
Cherat . . . . .	...	...	...	...	2	...	...	...	1	...	...	...	3	...	...	...	...	...	...	...	...	1	...	...	...	1
Fort Lockhart . . . . .	...	...	...	...	...	...	...	1	2	...	2	...	5	1	...	...	...	...	...	...	...	...	...	...	...	1
Hangu . . . . .	1	...	...	3	...	1	...	...	1	2	3	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Mir Ali Khel . . . . .	...	...	1	1	1	...	...	2	2	...	1	...	8	...	...	1	...	1	1	1	...	1	1	...	...	6
Fort Sandeman . . . . .	1	...	1	...	...	...	...	1	...	1	2	...	6	...	...	...	1	3	2	...	1	1	6	6	3	23
Hindu Bagh . . . . .	...	...	...	...	...	2	2	3	...	...	...	1	8	...	...	...	...	...	...	1	...	...	...	...	...	1
Musa Khel . . . . .	...	...	...	...	2	...	...	...	...	...	...	2	6	...	...	...	...	...	...	...	...	...	...	...	...	...



NATIVE TROOPS, 1909.

TABLE XXXVII—concluded.

DYSENTERY by months, stations, groups, and armies.

TABLE XXXVIII—concluded.

DIARRHŒA by months, stations, groups, and armies.

STATIONS, GROUPS AND ARMIES.	ADMISSIONS FROM DYSENTERY IN EACH MONTH.													ADMISSIONS FROM DIARRHŒA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Kila Saifulla . . . . .	...	...	...	...	2	...	...	...	...	...	3	1	6	...	...	...	...	...	...	...	1	...	...	...	...	1
Murgha . . . . .	...	...	...	...	...	1	...	...	1	1	1	1	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Loralai . . . . .	1	...	...	...	...	...	...	...	1	...	...	2	4	...	...	1	3	3	6	1	2	...	...	...	...	16
Quetta . . . . .	2	4	...	1	7	6	14	7	18	17	8	2	86	1	...	4	...	3	6	3	10	20	8	3	...	58
Robat . . . . .	1	...	...	8	5	4	...	...	...	...	...	...	18	1	...	1	...	1	...	...	...	...	...	...	...	3
Shelabagh . . . . .	1	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	2	1	...	...	...	...	...	3
Manzai . . . . .	16	5	6	6	3	1	...	...	...	...	...	...	37	...	1	...	...	1	1	...	...	...	...	...	...	3
Chaman . . . . .	...	...	...	...	...	...	...	...	...	2	2	1	5	...	...	...	...	...	...	1	...	...	...	1	...	2
Mount Abu . . . . .	...	...	...	1	...	...	1	...	...	...	...	...	2	...	...	...	...	...	4	4	...	...	...	...	...	8
Ootacamund . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
GROUP XII.—HILL STATIONS	41	17	20	45	64	54	64	42	42	51	41	28	509	7	3	9	9	22	35	28	31	25	22	11	7	209
Marching, India . . . . .	16	6	2	12	10	6	14	7	9	32	64	52	230	2	3	2	...	7	8	9	4	10	13	13	11	82
EXTRA INDIA.																										
(a) In the Indian Com- mand:—																										
Chabbar . . . . .	1	1	...	...	...	...	...	1	2	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Jask . . . . .	1	...	1	...	...	...	2	...	1	...	2	1	8	...	...	...	...	...	1	1	...	...	...	...	...	2
Muscat . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Bushire . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Aden . . . . .	6	...	3	...	4	2	4	1	2	1	12	9	44	3	4	...	2	5	1	2	1	...	1	5	...	24
Khormaksar . . . . .	...	...	...	...	...	...	...	2	1	1	1	3	8	...	...	...	...	...	...	...	...	...	1	...	...	1
Perim . . . . .	4	...	3	1	1	...	2	1	2	...	2	...	16	...	...	...	...	...	...	...	1	...	...	...	...	1
(b) Not in the Indian Com- mand:—																										
Colombo (Ceylon) . . . . .	18	4	1	3	7	5	8	4	10	8	8	20	56	...	...	1	...	1	...	1	1	...	1	1	...	6
Singapore . . . . .	2	...	4	10	11	7	8	6	...	1	1	...	30	...	...	...	...	...	...	...	...	...	...	...	...	...
Tient-sin (North China) . . . . .	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Hong Kong (South China) . . . . .	6	2	...	...	1	2	7	3	1	2	1	13	38	...	...	...	...	2	2	5	1	...	2	...	1	13
ARMY OF INDIA . . . . .	312	211	181	250	327	338	374	369	358	444	572	445	4,181	58	45	42	54	97	104	117	141	87	93	93	75	1,006
NORTHERN ARMY . . . . .	142	93	89	133	189	175	154	195	213	287	339	265	2,274	21	16	23	31	52	45	28	74	38	39	36	42	435
SOUTHERN „ . . . . .	128	106	85	92	109	142	183	154	125	114	159	95	1,492	35	26	16	23	35	49	74	61	49	38	43	21	470





### III—PRISONERS, 1909.

TABLE K.

JAILS by ADMINISTRATIONS.

JAILS.	Height above the sea-level in feet.*	Authority for height.†	JAILS.	Height above the sea-level in feet.*	Authority for height.†	JAILS.	Height above the sea-level in feet.*	Authority for height.†
<b>ANDAMANS :—</b>			<b>BENGAL—contd.</b>			<b>N.-W. F. PROVINCE :—</b>		
Port Blair Convict Settlement	85	S. G.	Patna (Bankipore)	177	S. G.	Peshawar	1,165	S. G.
<b>BUKMA :—</b>			Arrah (Shahabad)	191	M. D.	Kohat	1,768	"
Mergui	14	S. G.	Chapra (Saran)	181	S. G.	Bannu	1,279	"
Tavoy	69	"	Buxar, Central	204	"	Dera Ismail Khan	571	"
Moulmein	288	"	Sambalpur	500	"	Abbottabad	4,166	"
Shwegyin	128	"	Darjeeling	7,168	"			
Toungoo	156	"	<b>UNITED PROVINCES OF AGRA AND OUDH :—</b>			<b>BALUCHISTAN :—</b>		
Rangoon, Central, Europeans	14	"	Korantadih (Ballia)	...	S. G.	Sibi	489	S. G.
" " Natives	...	"	Ghazipur	227	"	Quetta	5,511	"
Maubin	...	"	Azamgarh	256	"			
Myaungmya	...	"	Gorakhpur	255	"			
Bassein, Central	40	S. G.	Basti	292	"			
Insein	34	"	Fyzabad	336	I. B.			
Henzada	44	"	Sultanpur	305	S. G.	<b>RAJPUTANA :—</b>		
Myanaung	74	"	Rai Bareilly	351	"	Ajmer	1,627	S. G.
Sadoway	...	"	Partabgarh	317	"			
Kyaukpyu	...	"	Jaunpur	263	"			
Akyab	32	S. G.	Benares, Central	256	"			
Paungde	...	"	" District	283	"	<b>CENTRAL PROVINCES :—</b>		
Prome	149	S. G.	Mirzapur	298	"	Damoh	1,236	S. G.
Thayetmyo, Central	145	"	Allahabad, Central (Naini)	...	"	Saugor	1,753	"
Magwe	...	"	" District	...	"	Jubbulpore, Central	1,306	"
Yamethin	653	S. G.	Karwi	...	S. G.	Narsinghpur	1,305	I. B.
Meiktila	860	"	Banda	415	"	Mandla	1,487	S. G.
Pagan	...	"	Fatehpur	373	"	Bilaspur	887	"
Myingyan, Central	243	S. G.	Hamirpur	367	"	Raipur, Central	968	"
Mandalay	249	"	Orai (Jalaun)	...	S. G.	Balaghat (Burha)	...	"
Monywa	250	"	Cawnpore	417	"	Seoni	2,043	S. G.
Shwebo	600	M. O.	Unao	412	"	Chhindwara	2,236	"
Mogok	...	"	Lucknow, Central	400	"	Hoshangabad	1,030	"
Bhamo	351	S. G.	" District	178	"	Nimar (Khandwa)	1,042	I. B.
Katha	329	"	Barabanki	...	"	Betul	2,189	S. G.
Kindat	361	"	Gonda	398	S. G.	Nagpur, Central	1,025	"
<b>EASTERN BENGAL AND ASSAM :—</b>			Bahraich	471	"	Bhandara	861	"
Cachar (Silchar)	104	M. D.	Kheri	449	"	Wardha	935	"
Sibsagar	318	S. G.	Sitapur	462	"	Chanda	658	"
Dibrugarh	342	"	Hardoi	498	"	Yeotmal	1,476	"
Tezpur	292	"	Etawah	511	"	Amraoti	1,194	"
Nowgong	208	"	Mainpuri	550	"	Akola	920	"
Gauhati	134	I. B.	Etah	444	I. B.	Buldana	2,132	M. D.
Dhubri	158	"	Fatehgarh, Central	507	S. G.			
Sylhet	257	M. D.	" District	614	"	<b>HYDERABAD RESIDENCY JAIL :—</b>		
Mymensingh	59	"	Shahjahanpur	...	"	Secunderabad	1,732	S. G.
Dacca, Central	20	"	Pilibhit	...	"			
Tippera (Comilla)	36	"	Bareilly, Central	560	"	<b>BOMBAY :—</b>		
Chittagong	87	"	" District	...	"	Sukkur	...	"
Noakhali	43	"	" Juvenile	...	"	Sind Gang	...	"
Bakarganj (Barisal)	13	"	Budaun	544	"	Hyderabad, Central	134	I. B.
Faridpur	22	S. G.	Aligarh	610	"	Karachi	28	S. G.
Pabna	...	"	Bulandshahr	727	"	Rajkot	414	"
Rajshahi, Central (Ranipur Boalia)	70	M. D.	Moradabad	655	"	Ahmedabad, Central	170	"
Bogra	61	"	Bijnor	772	"	Dhulia	842	"
Malda	72	"	Dehra Dun	2,229	"	Yerrowda, Central (Poona)	1,951	I. B.
Dinajpur	116	S. G.	Saharanpur	903	"	Bijapur	1,998	S. G.
Rangpur	108	"	Muzaffarnagar	790	"	Deccan Gang	...	"
Jalpaiguri	280	"	Meerut	739	"	Dharwar	2,385	S. G.
Aijal	3,917	"	Muttra	576	"	Thana	24	"
Kohima	4,500	I. B.	Agra, Central	554	"	Bombay, Common	20	"
Shillong	4,987	"	" District	860	"	" House of Correction	110	M. D.
<b>BENGAL :—</b>			Jhansi	...	"	Ratnagiri	12	S. G.
Khulna	...	"	Lalitpur	...	"	Karwar	26	"
Jessore	...	"	Almora	5,494	S. G.	Aden	...	"
Baraset	...	"	Pauri	6,400	M. D.			
Presidency, Central, Europeans	...	"	Naini Tal	...	"	<b>MADRAS :—</b>		
" " Natives	...	"	<b>PUNJAB :—</b>			Cannanore, Central	47	S. G.
Alipore	...	"	Delhi	715	S. G.	Bellary	1,483	"
Alipore, Juvenile	21	I. B.	Rohtak	712	"	Salem	919	"
Howrah	21	"	Hissar	689	I. B.	Coimbatore	1,433	"
Hooghly	34	S. G.	Karnal	809	S. G.	Palamcottah	129	"
Burdwan	97	"	Ambala	902	"	Madura	438	"
Krishnagar (Nadia)	32	"	Ludhiana	806	"	Trichinopoly, Central	274	"
Murshidabad (Berhampore)	67	M. D.	Hoshiarpur	1,053	"	Tanjore	193	"
Purneah	121	S. G.	Jullundur	900	"	Cuddalore	19	"
Naya Dumka	489	M. D.	Ferozepore	645	"	Vellore, Central	698	"
Suri (Birbhum)	...	"	Amritsar	756	"	Madras, Civil	15	"
Bankura	298	M. D.	Lahore, Central	...	"	" Penitentiary, Central	...	"
Midnapore, Central	149	"	" District	706	"	Rajahmundry, Central	112	M. D.
Balasore	59	S. G.	" Female	...	"	Vizagapatam	14	S. G.
Cuttack	74	"	Gurdaspur	...	"	Berhampur	79	"
Puri	17	"	Gujranwala	...	"			
Angul	...	"	Sialkot	829	S. G.	<b>COORG :—</b>		
Chaibassa (Singbhum)	745	S. G.	Gujrat	...	"	Mercara	3,803	S. G.
Purulia (Manbhum)	...	"	Jhelum	827	S. G.			
Ranchi (Lohardaga)	2,164	S. G.	Rawalpindi	1,707	"			
Palamau (Daltongunge)	...	"	Campbellpore	1,200	M. O.			
Hazaribagh, Central	1,997	S. G.	Shahpur	644	S. G.			
Gaya	375	M. D.	Mianwali	655	I. B.			
Bhagalpur, Central	147	S. G.	Lyallpur	...	"			
Monghyr	148	"	Jhang	...	"			
Darbhanga	167	"	Montgomery, Central	600	I. B.			
Champaran (Motihari)	217	"	Mooltan, Central	402	S. G.			
Muzaffarpur	179	"	" District	...	"			
			Dera Ghazi Khan	395	"			
			Simla	7,230	"			

\* These are not the exact heights of the jails themselves above sea-level, but usually those of the survey-marks or of the mercury-surface in barometer cisterns in the stations in which the jails are situated.  
† S. G. = Surveyor-General of India; I. B. = Intelligence Branch of the Division of the Chief of the Staff; M. D. = Meteorological Department; M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports.



# PRISONERS, 1909.

## TABLE XL.

### RATIOS of ADMINISTRATIONS.

The ratios of admissions and deaths to strength are taken from Table XLII.

The actuals will be found in Table XLIII.

#### RATIOS PER 1,000 OF THE AVERAGE STRENGTH.

	Burma.	Eastern Bengal and Assam.	Bengal.	United Provinces.	Punjab.	N.-W.F. Province.	Central Provinces.	Bombay.	Madras.	India.*	Andamans.	India.†
I.—AVERAGE ANNUAL STRENGTH	13,680	7,173	16,036	26,020	11,526	1,354	4,297	7,591	10,815	99,104	13,145	112,249
II.—CONSTANTLY SICK RATE OF EACH MONTH—												
January . . . . .	14'1	35'9	37'7	30'6	30'0	37'6	17'9	30'7	23'9	28'6	72'9	34'0
February . . . . .	15'4	32'0	40'3	29'6	31'7	32'0	18'0	30'4	24'0	28'7	75'9	34'5
March . . . . .	15'3	38'9	41'7	28'2	27'6	24'9	16'2	29'9	24'6	28'5	76'8	34'4
April . . . . .	15'3	39'3	44'8	28'4	26'6	26'2	16'5	26'6	23'3	28'6	77'1	34'3
May . . . . .	14'6	36'9	38'0	30'4	28'4	24'3	14'3	27'3	25'3	28'1	91'9	35'7
June . . . . .	15'4	34'6	36'0	28'5	26'1	23'4	15'5	28'3	28'5	27'4	101'3	36'0
July . . . . .	16'5	34'5	40'4	27'2	26'5	15'4	18'4	27'9	30'5	28'1	115'0	38'2
August . . . . .	17'0	35'7	45'8	29'1	29'0	17'1	18'8	27'5	27'3	29'7	117'3	39'7
September . . . . .	18'0	37'0	39'1	27'4	27'9	20'5	19'5	25'8	24'0	27'8	113'8	37'6
October . . . . .	17'3	39'1	40'3	26'9	26'6	33'0	19'3	25'4	22'9	27'8	100'8	36'1
November . . . . .	17'1	35'5	39'6	25'6	25'4	39'9	17'5	27'7	25'5	27'3	95'5	35'1
December . . . . .	15'7	39'1	38'1	24'3	27'8	24'8	19'0	26'7	24'8	26'8	89'9	34'0
OF THE YEAR	16'0	36'6	40'2	28'0	27'8	26'5	17'6	27'8	25'4	28'1	93'9	35'8
INCLUDING SUBSIDIARY JAILS AND LOCK-UPS . . . . .	...	34'8	38'5	...	27'8	27'0	17'4	25'4	23'2	27'3	...	34'7
III.—ADMISSION RATE OF THE YEAR—												
Influenza . . . . .	...	4'6	'9	1'6	3'7	...	1'9	...	'7	1'5	'2	1'4
Cholera . . . . .	3'4	2'2	'2	1'7	'2	...	...	...	8'3	2'0	...	1'8
Small-pox . . . . .	...	'6	1'4	'5	'5	...	'5	'1	'1	'5	...	'4
Enteric Fever . . . . .	'8	1'4	1'6	'8	'2	2'2	'5	...	'9	'9	'5	'8
Malaria . . . . .	35'5	247'9	273'8	212'1	139'3	504'4	151'3	123'8	81'0	172'4	1,075'4	278'1
Pyrexia of uncertain origin . . . . .	22'8	13'4	2'8	5'7	7'3	...	2'1	3'0	32'5	10'8	53'8	15'3
Tubercle of the lungs . . . . .	8'0	8'4	12'9	10'0	15'4	9'6	4'0	3'7	10'1	9'9	8'4	9'7
Pneumonia . . . . .	2'2	15'8	10'0	22'4	23'9	24'4	6'3	13'0	8'0	14'3	18'2	14'8
Respiratory Diseases . . . . .	12'4	26'2	32'7	19'4	29'2	30'3	12'1	28'1	25'2	23'3	56'5	27'2
Dysentery . . . . .	20'5	200'2	151'5	40'0	38'9	99'0	29'6	38'2	69'0	70'2	149'4	79'5
Diarrhoea . . . . .	12'3	94'2	90'8	21'9	37'7	13'3	34'7	34'4	7'7	38'6	25'3	37'0
Spleen Diseases . . . . .	'1	...	...	'1	2'9	3'7	'9	'3	...	'5	...	'5
Scurvy . . . . .	...	'8	'1	'1	'4	2'2	...	2'4	'1	'4	1'5	'5
Anæmia and Debility . . . . .	3'1	17'4	10'7	7'9	20'8	10'3	8'8	13'2	20'7	11'8	...	10'4
Abscess, Ulcer, and Boil . . . . .	55'0	46'7	57'7	72'0	103'1	121'1	64'0	79'6	34'6	66'1	62'0	65'8
ALL CAUSES	309'9	899'1	916'0	573'7	612'7	1,021'4	514'3	580'2	496'6	617'9	1,761'3	751'8
INCLUDING SUBSIDIARY JAILS AND LOCK-UPS . . . . .	...	895'2	901'0	...	611'6	1,072'4	514'0	627'2	545'0	627'6	...	753'7
IV.—DEATH RATE OF THE YEAR—												
Cholera . . . . .	2'34	1'53	'19	1'00	'09	...	...	...	3'51	1'12	...	'99
Small-pox . . . . .	...	'14	'06	...	...	...	...	...	...	'02	...	'02
Enteric Fever . . . . .	'15	'56	'56	'08	...	...	'23	...	'28	'21	'08	'20
Malaria . . . . .	'29	2'79	2'06	1'23	'26	1'48	1'16	1'32	'83	1'19	4'56	1'59
Pyrexia of uncertain origin . . . . .	...	...	'06	...	'09	...	...	...	...	'02	...	'02
Tubercle of the lungs . . . . .	4'24	3'62	4'24	3'31	5'47	2'95	1'63	1'98	3'88	3'72	7'00	4'11
Pneumonia . . . . .	'66	4'04	2'68	5'50	6'16	4'43	'93	3'16	1'94	3'60	6'24	3'91
Respiratory Diseases . . . . .	'29	1'39	'87	'96	1'13	1'48	1'63	'66	'09	'84	1'45	'91
Dysentery . . . . .	1'68	8'09	6'42	4'27	1'91	2'22	3'72	1'98	5'92	4'20	8'98	4'76
Diarrhoea . . . . .	'51	'28	'87	1'96	2'08	...	...	'66	...	1'04	'61	'99
Hepatic Abscess . . . . .	...	'28	...	'12	...	...	...	...	...	'05	'15	'06
Anæmia and Debility . . . . .	'22	1'12	'75	'31	'52	...	'23	1'05	1'20	'60	...	'53
Phagedæna, Slough, and Gangrene . . . . .	...	...	...	'15	...	...	...	...	...	'04	'15	'05
ALL CAUSES	16'15	29'97	25'13	23'79	25'16	20'68	15'59	17'92	25'24	22'85	41'38	25'02
INCLUDING SUBSIDIARY JAILS AND LOCK-UPS . . . . .	...	28'63	24'61	...	24'84	19'87	15'58	17'25	23'24	22'38	...	24'49
V.—PERCENTAGE IN 100 ADMISSIONS—												
Influenza . . . . .	...	'51	'10	'28	'61	...	'36	...	'15	'24	'01	'18
Cholera . . . . .	1'11	'25	'02	'29	'03	...	...	...	1'68	'33	...	'24
Small-pox . . . . .	...	'06	'16	'09	'08	...	'09	'02	'02	'08	...	'06
Enteric Fever . . . . .	'26	'16	'18	'15	'03	'22	'09	...	'19	'14	'03	'11
Malaria . . . . .	11'46	27'57	29'89	36'97	24'74	49'39	29'41	21'34	16'31	27'90	61'06	36'99
Pyrexia of uncertain origin . . . . .	7'36	1'49	'31	'99	1'19	...	'41	'52	6'55	1'75	3'05	2'11
Tubercle of the lungs . . . . .	2'59	'93	1'41	1'75	2'51	'94	'77	'64	2'03	1'60	'48	1'29
Pneumonia . . . . .	'71	1'75	1'09	3'91	3'91	2'39	1'22	2'25	1'62	2'33	1'03	1'97
Respiratory Diseases . . . . .	4'01	2'92	3'57	3'39	4'77	2'96	2'35	4'84	5'08	3'77	3'21	3'62
Dysentery . . . . .	6'60	22'27	16'54	6'97	6'34	9'69	5'75	6'58	13'89	11'36	8'48	10'57
Diarrhoea . . . . .	3'96	10'48	9'91	3'81	6'15	1'30	6'74	5'93	1'55	6'24	1'44	4'92
Spleen Diseases . . . . .	'02	...	...	'02	'48	'36	'18	'05	...	'09	...	'06
Scurvy . . . . .	...	'09	'01	'01	'07	'22	'18	'05	...	'02	'06	'07
Anæmia and Debility . . . . .	1'01	1'94	1'17	1'37	3'40	1'01	1'72	2'27	4'17	1'90	...	1'38
Abscess, Ulcer, and Boil . . . . .	17'74	5'19	6'30	12'55	16'86	11'86	12'44	13'71	6'96	10'70	3'52	8'73
VI.—PERCENTAGE IN 100 DEATHS—												
Cholera . . . . .	14'5	5'1	'7	4'2	'3	...	...	...	13'9	4'9	...	4'0
Small-pox . . . . .	...	'5	'2	...	...	...	...	...	...	'1	...	'1
Enteric Fever . . . . .	'9	1'9	2'2	'3	...	...	1'5	...	1'1	'9	'2	'8
Malaria . . . . .	1'8	9'3	8'2	5'2	1'0	7'1	7'5	7'4	3'3	5'2	11'0	6'3
Pyrexia of uncertain origin . . . . .	...	...	'2	...	'3	...	...	...	...	'1	...	'1
Tubercle of the lungs . . . . .	26'2	12'1	16'9	13'9	21'7	14'3	10'4	11'0	15'4	16'3	16'9	16'4
Pneumonia . . . . .	4'1	13'5	10'7	23'1	24'5	21'4	6'0	17'6	7'7	15'8	15'1	15'6
Respiratory Diseases . . . . .	1'8	4'7	3'5	4'0	4'5	7'1	10'4	3'7	'4	3'7	3'5	3'6
Dysentery . . . . .	10'4	27'0	25'6	17'9	7'6	10'7	23'9	11'0	23'4	18'4	21'7	19'0
Diarrhoea . . . . .	3'2	'9	3'5	8'2	8'3	...	...	3'7	...	4'5	1'5	4'0
Hepatic Abscess . . . . .	...	'9	...	'5	...	...	...	...	...	'2	'4	'2
Anæmia and Debility . . . . .	1'4	3'7	3'0	1'3	2'1	...	1'5	5'9	4'8	2'6	...	2'1
Phagedæna, Slough, and Gangrene . . . . .	...	...	...	'6	...	...	...	...	...	'2	'4	'2

\* Including Ajmer, Sibi, Quetta, Secunderabad, Mercara and excluding Andamans.  
† Including Ajmer, Sibi, Quetta, Secunderabad, Mercara and Andamans.

For complete detail of diseases, see Table LIII.



# PRISONERS, 1909.

## TABLE XLI.

### RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table XLII.

The actuals will be found in Table XLIII.

	RATIOS PER 1,000 OF THE AVERAGE STRENGTH.												
	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
	Burma Coast and Bay Islands.	Burma Inland.	Assam.	Bengal and Orissa.	Gange- tic Plain and Chutia Nagpur.	Upper Sub- Hima- laya.	N.-W. Frontier, Indus Valley, and N.-W. Rajput- ana.	S.-E. Rajput- ana, Central India, and Gujarat.	Decan.	West- ern Coast.	South- ern India.	Hills.	India.*
I.—AVERAGE ANNUAL STRENGTH . . . . .	9,552	4,128	1,416	13,271	25,201	12,599	7,928	4,299	7,769	2,385	9,901	584	99,104
II.—CONSTANTLY SICK RATE OF EACH MONTH—													
January . . . . .	15'6	10'7	29'1	39'2	29'0	32'5	34'2	35'1	28'3	18'6	23'9	27'8	28'6
February . . . . .	17'3	11'2	24'2	40'5	30'2	29'5	34'5	33'2	27'5	19'9	23'8	29'6	28'7
March . . . . .	17'2	11'3	29'0	42'6	30'7	27'8	30'2	30'7	26'2	18'1	24'7	32'1	28'5
April . . . . .	17'6	10'2	34'9	41'0	33'0	29'0	28'0	30'4	24'4	18'8	23'1	28'0	28'6
May . . . . .	16'5	10'1	39'6	38'8	30'1	33'4	28'1	27'3	22'9	22'3	24'8	29'5	28'1
June . . . . .	16'9	12'0	43'9	36'0	27'9	31'9	29'2	19'3	24'3	27'4	27'1	38'3	27'4
July . . . . .	16'4	16'7	44'1	39'2	27'9	31'4	27'0	18'2	27'0	28'3	28'9	43'5	28'1
August . . . . .	17'1	16'7	32'7	42'2	30'4	35'9	29'9	19'4	27'0	24'2	26'7	39'7	29'7
September . . . . .	19'9	13'5	33'3	40'0	27'3	34'9	27'6	17'6	26'4	16'5	24'3	32'3	27'8
October . . . . .	18'0	15'5	35'3	42'3	28'0	32'0	27'4	18'0	26'8	18'6	22'6	46'4	27'8
November . . . . .	17'8	15'3	26'5	43'6	25'2	27'7	29'9	26'4	25'9	23'5	24'7	37'0	27'3
December . . . . .	16'9	12'7	28'4	44'3	23'6	27'9	30'0	28'4	24'7	24'1	23'9	31'1	26'8
OF THE YEAR . . . . .	17'3	13'0	33'3	40'8	28'6	31'2	29'7	25'2	25'9	21'7	24'9	34'9	28'1
III.—ADMISSION RATE OF THE YEAR—													
Influenza . . . . .	...	...	4'9	3'1	1'1	1'3	5'2	...	1'0	...	8	...	1'5
Cholera . . . . .	9	9'2	1'4	1'1	1'8	2	...	...	...	...	9'1	...	2'0
Small-pox . . . . .	...	...	7	1'4	8	2	5	...	4	...	1	...	5
Enteric Fever . . . . .	5	1'5	7	1'4	1'3	2	5	...	5	...	1'0	1'7	9
Malaria . . . . .	40'6	23'7	58'6	222'8	188'4	283'8	190'2	137'9	154'8	69'6	81'9	352'7	172'4
Pyrexia of uncertain origin . . . . .	22'4	23'7	1'4	7'9	7'0	5'3	2'5	9	2'6	36'5	27'7	5'1	10'8
Tubercle of the lungs . . . . .	9'1	5'6	4'2	10'9	10'2	12'5	14'9	8'8	3'9	6'3	10'4	5'1	9'9
Pneumonia . . . . .	2'4	1'7	14'1	13'6	14'7	31'9	23'0	18'1	5'1	6'7	8'5	32'5	14'3
Respiratory Diseases . . . . .	12'7	11'9	28'2	32'8	21'3	21'7	34'4	21'9	19'1	32'7	24'1	42'8	23'3
Dysentery . . . . .	20'0	21'6	81'2	176'1	78'3	47'5	51'3	24'9	35'9	52'4	67'0	123'3	70'2
Diarrhœa . . . . .	9'8	17'9	218'2	76'8	42'5	33'6	30'4	22'8	37'2	31'9	6'2	113'0	38'6
Spleen Diseases . . . . .	...	2	...	...	1	1'6	2'6	2	5	...	...	6'8	5
Scurvy . . . . .	...	...	2'8	2	1	1	2'8	...	4	...	1	1'7	4
Anæmia and Debility . . . . .	3'6	2'2	25'4	15'2	7'0	17'2	18'2	6'5	9'8	20'1	19'0	12'0	11'8
Abscess, Ulcer, and Boil . . . . .	60'3	42'6	49'4	55'8	66'4	99'2	85'6	43'0	95'0	36'1	32'6	89'0	66'1
ALL CAUSES . . . . .	326'3	272'0	1,260'6	873'6	626'0	734'3	641'0	479'4	629'0	521'2	471'2	1,099'3	617'9
IV.—DEATH RATE OF THE YEAR—													
Cholera . . . . .	31	7'03	1'41	68	1'15	08	...	...	...	...	3'84	...	1'12
Small-pox . . . . .	...	...	...	08	04	...	...	...	...	...	...	...	02
Enteric Fever . . . . .	10	24	...	45	24	16	...	...	13	...	30	1'71	21
Malaria . . . . .	31	24	6'36	2'19	1'39	87	63	1'40	1'16	2'10	40	1'71	1'19
Pyrexia of uncertain origin . . . . .	...	...	...	...	04	...	13	...	...	...	...	...	02
Tubercle of the lungs . . . . .	5'23	1'94	1'41	3'54	3'77	3'89	5'17	3'26	1'67	4'61	3'94	...	3'72
Pneumonia . . . . .	73	48	4'24	3'32	3'17	8'65	5'30	5'82	1'16	2'52	2'02	11'99	3'60
Respiratory Diseases . . . . .	42	...	71	1'36	87	1'11	1'01	93	90	1'26	1'10	1'71	84
Dysentery . . . . .	1'78	1'45	7'77	5'05	5'95	3'41	2'65	1'86	2'19	2'94	6'16	13'70	4'20
Diarrhœa . . . . .	21	1'21	71	45	1'55	2'38	1'39	1'63	...	42	...	1'71	1'04
Hepatic Abscess . . . . .	...	...	...	15	08	08	...	...	...	...	...	...	05
Anæmia and Debility . . . . .	21	24	3'53	83	32	32	38	93	77	84	1'21	1'71	60
Phagedæna, Slough, and Gangrene . . . . .	...	...	...	...	08	16	...	...	...	...	...	...	04
ALL CAUSES . . . . .	15'91	16'72	32'49	23'74	24'05	27'86	25'10	20'24	14'42	23'90	24'95	41'10	22'85
V.—PERCENTAGE IN 100 ADMISSIONS—													
Influenza . . . . .	...	...	39	35	17	18	81	...	16	...	17	...	24
Cholera . . . . .	29	3'38	11	12	29	02	...	...	...	...	1'93	...	33
Small-pox . . . . .	...	...	06	16	13	02	08	...	06	...	02	...	08
Enteric Fever . . . . .	16	53	06	16	22	03	08	...	08	...	21	1'16	14
Malaria . . . . .	12'45	8'73	46'22	25'51	30'09	38'66	29'67	28'77	24'62	13'35	17'38	32'09	27'90
Pyrexia of uncertain origin . . . . .	6'87	8'73	11	91	1'12	72	39	19	42	7'00	5'87	47	1'75
Tubercle of the lungs . . . . .	2'79	2'05	34	1'25	1'63	1'70	2'32	1'84	62	1'21	2'21	47	1'60
Pneumonia . . . . .	74	62	1'12	1'56	2'35	4'35	3'58	3'78	83	1'29	1'80	2'96	2'32
Respiratory Diseases . . . . .	3'88	4'36	2'24	3'75	3'40	2'95	5'37	4'56	3'03	6'28	5'12	3'89	3'77
Dysentery . . . . .	6'13	7'93	6'44	20'16	12'51	6'46	8'01	5'19	5'71	10'06	14'21	11'21	11'36
Diarrhœa . . . . .	3'02	6'59	17'31	8'79	6'79	4'57	4'74	4'75	5'91	6'11	1'31	10'28	6'24
Spleen Diseases . . . . .	...	09	...	...	01	22	47	05	03	...	...	62	09
Scurvy . . . . .	...	...	22	03	02	01	41	...	06	...	02	1'16	06
Anæmia and Debility . . . . .	1'09	80	2'02	1'74	1'12	2'35	2'83	1'36	1'57	3'86	4'03	1'09	1'90
Abscess, Ulcer, and Boil . . . . .	18'48	15'67	3'92	6'38	10'61	13'51	13'37	8'98	15'10	6'92	6'92	8'10	10'70
VI.—PERCENTAGE IN 100 DEATHS—													
Cholera . . . . .	2'0	42'0	4'3	2'9	4'8	3	...	...	...	...	15'4	...	4'9
Small-pox . . . . .	...	...	...	3	2	...	...	...	...	...	...	...	1
Enteric Fever . . . . .	7	1'4	...	1'9	1'0	6	...	...	9	...	1'2	4'2	9
Malaria . . . . .	2'0	1'4	19'6	9'2	5'8	3'1	2'5	6'9	8'0	8'8	1'6	4'2	5'2
Pyrexia of uncertain origin . . . . .	...	...	...	...	2	...	5	...	...	...	...	...	1
Tubercle of the lungs . . . . .	32'9	11'6	4'3	14'9	15'7	13'7	20'6	16'1	11'6	19'3	15'8	...	16'3
Pneumonia . . . . .	4'6	2'9	13'0	14'0	13'2	31'1	21'1	28'7	8'0	10'5	8'1	29'2	15'8
Respiratory Diseases . . . . .	2'6	...	2'2	5'7	3'6	4'0	4'0	4'6	6'2	5'3	4	4'2	3'7
Dysentery . . . . .	11'2	8'7	23'9	21'3	24'8	12'3	10'6	9'2	15'2	12'3	24'7	33'3	18'4
Diarrhœa . . . . .	1'3	7'2	2'2	1'9	6'4	8'5	5'5	8'0	...	1'8	...	4'2	4'5
Hepatic Abscess . . . . .	...	...	...	6	3	3	...	...	...	...	...	...	2
Anæmia and Debility . . . . .	1'3	1'4	10'9	3'5	1'3	1'1	1'5	4'6	5'4	3'5	4'9	4'2	2'6
Phagedæna, Slough, and Gangrene . . . . .	...	...	...	...	3	6	...	...	...	...	...	...	2

\* Including Aden. For complete detail of diseases, see Table LIII.



# PRISONERS, 1909.

## TABLE XLII.

RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLIII.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of un- certa in origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.			
Mergui .	78 {	...	...	...	...	76.9	51.3	...	...	...	38.5	25.6	...	...	...	25.6	51.3	...	3.3	12.8		
Tavoy .	104 {	...	...	...	19.6 962	86.5 9.62	...	...	...	...	...	...	...	...	...	...	...	...	125.0 19.23	9.6		
Moulmein .	583 {	...	1.7	...	...	37.7	5.1 1.72	6.9	1.7	24.0	25.7 5.15	15.4	...	...	...	1.7	65.2	...	331.0 8.58	18.9		
Shwegyin .	135 {	...	...	...	...	...	...	...	...	...	14.8	...	...	...	...	7.4	66.7	...	163.0	14.8		
Toungoo .	631 {	...	...	...	...	17.4	3.2 7.92	79.5	3.2 3.17	6.3	19.0	3.2	...	...	...	...	28.5	...	188.6 15.85	22.2		
Rangoon, Cen- tral (Euro- peans).	18 {	...	...	...	...	...	111.1	...	...	...	...	...	...	...	...	...	...	...	166.7	10.4*		
Rangoon, Cen- tral (Natives).	2,452 {	...	...	...	...	47.7 41	46.5	15.5 8.16	.8	12.2 41	27.3 4.89	19.2 41	...	...	...	4.1 82	55.1	...	376.0 26.10	22.0		
Maubin .	156 {	...	6.4	...	...	96.2	...	...	...	25.6	...	32.1	...	...	...	6.4	57.7	...	429.5 6.41	19.2		
Myaungmya .	848 {	...	...	...	...	89.6	8.3	2.4 2.36	3.5 1.18	11.8	13.0	...	...	...	...	1.2	42.5	1.2	246.5 5.90	9.4		
Bassein, Central	1,183 {	...	.8	...	2.5	53.3	34.7	12.7 8.45	5.1 8.5	11.0	9.3	10.1	...	...	...	5.1	60.9	...	442.1 19.44	18.6		
Insein, Central	2,217 {	...	2.7 1.35	...	.5	12.6	18.0	9.5 5.41	1.8 9.0	13.1 1.35	7.7	5.0 45	...	...	...	3.2	92.9	...	301.3 13.53	14.4		
Henzada .	457 {	...	...	...	...	8.8	2.2	2.2	4.4	13.1	6.6	...	...	...	...	4.4	28.4	...	260.4 4.38	10.9		
Myanaung .	82 {	...	...	...	...	24.4	...	...	...	...	24.4 12.20	12.2	...	...	...	...	12.2	...	158.5 12.20	12.2		
Sandoway .	71 {	...	...	...	...	98.6	...	...	...	...	28.2	...	...	...	...	...	42.3	...	295.8	14.1		
Kyaukpyu .	130 {	...	...	...	...	115.4	...	...	...	7.7	253.8 7.69	38.5	...	...	...	23.1	84.6	...	653.8 7.69	23.1		
Akyab .	407 {	...	...	...	...	31.9 2.46	...	...	7.4 2.46	24.6	31.9	...	...	...	...	...	51.6	...	280.1 19.66	12.3		
GROUP I.— BURMA COAST AND BAY ISLANDS	9,552 {	...	.9 31	...	.5 10	40.6 31	22.4	9.1 5.23	2.4 73	12.7 42	20.0 1.78	9.8 21	...	...	...	3.6 21	60.3	.1	326.3 15.91	17.3*		
Paungde .	178 {	...	...	...	...	28.1	...	5.6	...	...	11.2	5.6	...	...	...	...	28.1	...	230.3 5.62	16.9		
Prome .	357 {	...	...	...	...	...	56.0	5.6 2.80	2.8	25.2	...	8.4	...	2.8	...	...	95.2	...	265.0 11.20	22.4		
Thayetmyo, Central.	814 {	...	...	...	...	12.3	...	4.9 2.46	...	6.1	7.4	6.1	...	...	...	...	2.5	...	105.7 6.14	6.1		
Magwe .	168 {	...	...	...	...	17.9	...	...	6.0	...	...	6.0	...	...	...	...	17.9	...	113.5 5.95	6.0		
Yamethin .	96 {	...	...	...	10.4 10.42	20.8	...	72.9	...	10.4	...	10.4	...	...	...	...	52.1	...	333.3 41.67	31.2		
Meiktila .	116 {	...	...	...	...	...	...	8.6	8.6	...	8.6	...	...	...	...	...	...	...	146.6	8.6		
Pagan .	68 {	...	14.7 14.71	...	...	...	29.4	...	...	...	...	14.7	...	...	...	14.7 14.71	14.7	...	132.4 44.1	14.7		
Myingyan, Central	894 {	...	...	...	...	4.5	11.2	5.6 2.24	...	1.45 1.12	32.4 1.12	7.8	...	...	...	...	59.3	...	201.3 4.47	11.2		
Mandalay, Central	843 {	...	43.9 33.21	...	1.2	35.6	70.0	1.2 2.37	2.4	13.0	51.0 3.56	54.6 3.56	...	...	...	4.7	6	...	511.3 45.08	14.2		
Monywa .	97 {	...	...	...	...	10.3	...	20.6 10.31	10.3	...	10.3	...	...	...	...	...	20.6	...	185.6 20.62	20.6		
Shwebo .	216 {	...	...	...	4.6	...	32.4	...	...	18.5	...	13.9	...	...	...	...	27.8	...	250.0	13.9		
Mogok .	73 {	...	...	...	...	27.4	...	...	...	...	54.8	13.7 13.70	...	...	...	...	...	...	123.3 13.70	13.7		
Bhamo .	77 {	...	...	...	...	103.9	...	...	...	64.9	...	26.0	...	...	...	...	...	...	324.7	13.0		
Katha .	75 {	...	...	...	25.7	120.0 13.33	...	...	13.3 13.33	13.3	40.0 26.67	40.0 13.33	...	...	...	13.3	13.3	...	320.0 80.00	13.3		
Kindat .	56 {	...	...	...	...	17.9	...	...	...	...	...	...	...	...	...	...	89.3	...	214.3	17.9		
GROUP II.— BURMA INLAND.	4,128 {	...	9.2 7.03	...	1.5 24	23.7 24	23.7	5.6 1.94	1.7 48	11.9	21.6 1	17.9 1.21	...	...	...	2.2 24	42.6	...	272.0 16.72	*		

\*Worked on the aggregates.



# PRISONERS, 1909.

## TABLE XLII—continued.

RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLIII.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.						2. DEATH RATE PER 1,000 OF STRENGTH.													Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of uncertain Origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.		
Cachar .	70 {	...	...	...	...	171'4	...	...	14'3	...	160'0	100'0	...	...	...	28'6	42'9	...	728'6	28'6	
Sibsagar .	55 {	...	...	...	...	163'6	...	...	...	18'2	181'8	90'9	...	...	...	18'2	54'5	...	763'6	18'2	
Dibrugarh .	114 {	61'4	...	...	...	377'2	...	...	8'8	43'9	43'9	78'9	...	...	...	43'9	17'5	...	982'5	26'3	
Tezpur .	230 {	...	...	...	...	108'7	...	4'3	39'1	4'3	21'7	4'3	...	...	...	8'7	121'7	...	391'3	21'7	
Nowgong .	60 {	...	...	...	...	116'7	...	16'7	33'3	...	33'3	16'7	...	...	...	...	...	...	350'0	16'7	
Gauhati .	312 {	...	3'2	...	...	602'6	6'4	9'6	6'4	35'3	109'0	554'5	...	...	6'4	12'8	44'9	...	1,634'6	48'1	
Dhubri .	31 {	...	...	32'3	32'3	709'7	...	...	...	32'3	354'8	225'8	...	...	...	32'3	...	...	1,774'2	64'5	
Sylhet .	544 {	...	1'8	...	...	954'0	...	1'8	9'2	38'6	75'4	194'9	...	...	3'7	38'6	36'8	...	1,661'8	34'9	
GROUP III.—ASSAM.	1,416 {	4'9	1'4	7	7	582'6	1'4	4'2	14'1	28'2	81'2	218'2	...	...	2'8	25'4	49'4	...	1,260'6	33'3*	
Mymensingh.	624 {	...	...	...	4'8	88'1	33'7	8'0	6'4	4'8	301'3	4'8	...	...	...	33'7	43'3	...	649'0	22'4	
Dacca, Centra	1,230 {	18'7	8'1	1'6	...	187'0	...	12'2	4'9	23'6	228'5	98'4	...	...	...	17'9	89'4	...	885'4	57'7	
Tippera .	429 {	...	2'3	...	...	137'5	...	2'3	4'7	11'7	270'4	...	...	...	...	11'7	25'6	...	783'2	37'3	
Chittagong .	215 {	...	...	...	...	41'9	10'9	...	18'6	60'5	27'9	153'1	...	...	...	...	9'3	...	632'6	18'6	
Noakhali .	139 {	...	...	...	...	251'8	...	...	7'2	...	798'6	7'2	...	...	...	14'4	43'2	...	1,237'4	43'2	
Bakarganj .	646 {	...	3'1	...	...	260'1	...	...	58'8	74'3	455'1	35'6	...	...	...	...	32'5	...	1,428'8	46'4	
Khulna .	77 {	...	...	...	...	506'5	...	51'9	...	51'9	337'7	26'0	...	...	...	...	26'0	...	1,207'8	51'9	
Jessore .	399 {	...	...	...	...	323'3	2'5	22'6	30'1	60'2	260'7	57'6	...	...	...	40'1	62'7	...	1,092'7	55'1	
Baraset .	124 {	...	...	...	...	516'1	...	16'1	...	24'2	604'8	112'9	...	...	...	...	88'7	...	1,750'0	56'5	
Presidency, Central (Europeans).	33 {	...	...	...	...	293'9	...	...	...	90'9	90'9	121'2	...	...	...	30'3	60'6	...	1,212'1	30'3	
Presidency, Central (Natives).	1,179 {	...	...	...	...	202'7	...	11'0	12'7	31'4	136'6	145'9	...	...	...	8	5'1	33'9	737'1	27'1	
Alipore, Central	1,790 {	...	...	...	...	267'6	...	16'2	2'8	37'4	146'4	69'8	...	...	...	11'2	25'7	...	764'2	52'0	
„ Juvenile	182 {	...	...	...	...	571'4	...	...	...	11'0	44'0	302'2	395'6	...	...	...	5'5	60'4	5'5	2,016'5	38'5
Howran .	79 {	...	...	63'3	...	75'9	88'6	50'6	...	38'0	75'9	63'3	...	...	...	...	...	...	569'6	12'7	
Hooghly .	335 {	...	...	...	...	206'0	...	11'9	11'9	17'9	65'7	188'1	...	...	...	11'9	74'6	...	997'0	38'8	
Burdwan .	226 {	...	...	...	...	349'6	...	4'4	...	13'3	216'8	44'2	...	...	...	8'8	110'6	...	1,132'7	44'2	
Krishnagar .	219 {	...	...	...	36'5	790'0	...	13'7	4'6	73'1	36'5	105'0	...	...	...	155'3	109'6	...	2,442'9	168'9	
Faridpur	333 {	9'0	3'0	...	15'0	249'2	...	9'0	18'0	39'0	66'1	51'1	...	...	...	9'0	57'1	...	735'7	24'0	
Pabna .	202 {	...	...	...	...	133'7	...	5'0	24'8	5'0	74'3	24'8	...	...	...	...	14'9	...	326'7	14'9	
Murshidabad	310 {	...	...	...	...	241'9	...	9'7	...	22'6	16'1	6'5	...	...	...	12'9	61'3	...	606'5	32'3	
Rajshahi, Central.	874 {	...	...	...	1'1	84'7	...	20'6	12'6	10'3	104'1	...	1'1	...	1'1	6'9	12'6	...	363'8	34'3	
Bogra .	168 {	...	...	...	...	285'7	...	6'0	17'9	11'9	279'8	23'8	...	...	...	23'8	6'0	...	744'0	29'8	
Malda .	150 {	...	...	6'7	...	60'0	293'3	26'7	20'0	26'7	186'7	186'7	...	...	...	53'3	80'0	...	1,213'3	33'3	
Dinajpur .	306 {	...	...	...	...	199'3	...	3'3	13'1	29'4	62'1	326'8	...	...	3'3	35'9	65'4	...	954'2	26'1	
Rangpur	233 {	...	...	...	...	218'9	...	8'6	4'3	30'0	257'5	55'8	4'3	...	...	17'2	55'8	...	858'4	34'3	

\* Worked on the aggregates.



JAILS. AND GROUPS	Average annual strength.	1. ADMISSION RATE.						2. DEATH RATE PER 1,000 OF STRENGTH.												Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of un- certain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	
Jalpaiguri . .	115 {	...	...	...	...	26·1 8·70	...	26·1	17·4	...	43·5	17·4	...	...	...	17·4	26·1	...	347·8 26·09	26·1
Purneah . .	318 {	...	...	6·3	...	210·7 12·58	...	...	...	6·3 6·29	37·7	72·3	...	...	...	25·2	22·0	...	553·5 28·30	31·4
Naya Dumka	140 {	...	...	...	...	285·7	...	...	21·4	14·3	178·6 14·29	21·4	...	...	...	21·4 14·29	92·9	...	857·1 42·86	21·4
Suri . .	268 {	56·0	...	18·7	...	376·9	22·4	11·2	7·5 3·73	37·3	59·7	48·5	...	...	...	22·4 3·73	74·6	...	1,291·0 7·46	33·6
Bankura . .	227 {	...	...	...	...	185·0	...	13·2	4·4	141·0 4·41	52·9	39·6	...	...	...	4·4	30·8	...	563·9 13·22	35·2
Midnapore, } Central.	973 {	...	...	3·1	...	218·9 2·06	...	8·2	37·0 12·33	45·3 2·06	136·7 1·03	67·8	...	...	...	5·1	154·2	...	1,085·3 26·82	45·3
Balasore . .	169 {	...	...	...	...	254·4	...	11·8	11·8	41·4	165·7 17·75	65·1	...	...	...	5·9	142·0	...	946·7 23·67	29·6
Cuttack . .	319 {	...	...	...	3·1	131·7	...	6·3	18·8	34·5 3·13	122·3 6·27	62·7	...	...	...	...	47·0	...	677·1 18·81	34·5
Puri . .	156 {	...	...	...	...	89·7	...	...	...	...	44·9 12·82	12·8	...	...	...	6·4 6·41	19·2	...	218·0 32·05	6·4
Angul . .	84 {	...	...	...	...	166·7	...	11·9	23·8 11·90	35·7	71·4	71·4	...	...	...	11·9	142·9	...	952·4 11·90	35·7
GROUP IV.— BENGAL AND ORISSA.	13,271 {	3·1	1·1 ·68	1·4 ·08	1·4 ·45	222·8 2·19	7·9	10·9 3·34	13·6 3·32	32·8 1·36	176·1 5·05	76·8 ·45	·2 ·15	...	·2	15·2 ·83	55·8	·1	873·6 23·74	40·8*
A Chaibassa . .	171 {	...	...	...	...	52·6	157·9	...	11·7	40·9 5·85	99·4	76·0	...	...	...	5·8	87·7	5·8	929·8 17·54	23·4
Purulia . .	173 {	...	...	5·8	...	300·6	...	...	11·6 5·78	28·9	80·9	156·1	...	...	...	5·8	17·3	75·1	936·4 5·78	17·3
Ranchi . .	199 {	...	...	...	...	186·0	...	15·1	10·1	15·1	266·3 5·03	70·4	...	...	...	5·0	15·1	...	718·6 25·13	40·2
Palamau . .	44 {	...	...	...	...	444·4 13·89	...	6·9	41·7 6·94	6·9	125·0	83·3 6·94	...	...	...	20·8	55·6	6·9	979·2 41·67	34·7
Hazaribagh, } Central.	1,076 {	...	...	...	11·2 4·65	318·8 1·86	...	16·7 11·15	·9 ·93	37·1 2·79	460·0 33·46	93·9	...	...	...	7·4 ·93	66·0	...	1,436·8 71·56	53·9
B Gaya . .	558 {	...	1·8 1·79	...	3·6 1·79	170·3 1·79	...	7·2	16·1 7·17	7·2	109·3 7·17	43·0	...	...	...	7·2	73·5	...	638·0 30·47	30·5
Bhagalpur, } Central.	1,916 {	...	...	·5 ·52	...	161·8 1·57	...	16·2 9·92	7·8 1·57	21·4	99·2 9·92	113·8 2·09	...	...	...	3·7	52·7	...	720·3 31·32	33·9
Monghyr . .	402 {	...	2·5 2·49	5·0	...	659·2	...	54·7 14·93	2·5 2·49	34·8	181·6 2·49	243·8	...	...	...	19·9	74·6	...	2,010·0 29·85	62·2
Darbhanga . .	370 {	...	...	5·4	...	132·4	...	27·0 5·41	10·8 2·70	45·9	75·7 5·41	289·2	...	...	...	...	48·6	...	864·9 27·03	48·6
Champarun . .	371 {	...	...	...	...	99·7	2·7 2·70	2·7	8·1	16·2	194·1 5·39	13·5	...	...	...	2·7 2·70	40·4	...	452·8 10·78	13·5
Muzaffarpur . .	417 {	...	2·4 2·40	4·8	...	155·9 4·80	...	4·8	2·4 2·40	48·0 2·40	131·9 2·40	28·8	...	...	...	14·4 2·40	38·4	...	561·2 31·18	31·2
Patna . .	460 {	...	...	...	...	195·7	4·3	2·2 2·17	4·3 2·17	23·9	100·0 8·70	45·7	...	...	...	6·5	32·6	...	582·6 13·04	32·6
Arrah . .	289 {	...	...	...	...	138·4	...	...	13·8 6·92	3·5	173·0 6·92	41·5 3·46	...	...	...	...	6·9	...	467·1 20·76	13·8
Chapra . .	292 {	...	...	...	...	191·8 3·42	...	3·4	...	3·4	68·5 6·85	20·5	...	...	...	13·7	24·0	...	421·2 13·70	17·1
Buxar, Central	1,294 {	...	...	...	...	554·1 1·55	...	13·1 2·32	8·5 1·55	30·9	105·9 1·55	65·7 ·77	...	...	...	4·6	54·9	...	1,060·3 10·82	44·0
Korantadih . .	53 {	...	...	...	...	113·2	...	...	...	...	...	...	...	...	...	...	75·5	...	339·6 56·60	18·9
Ghazipur . .	405 {	...	...	...	...	316·0 2·47	...	2·5	27·2 4·94	64·2	56·8 2·47	17·3	...	...	...	39·5 2·47	98·8	4·9 4·94	767·9 24·69	54·3
Azamgarh . .	321 {	...	...	6·2	...	140·2 3·12	...	...	9·3 6·23	24·9 3·12	99·7 15·58	12·5 3·12	3·1 3·12	...	...	3·1	87·2	...	501·6 40·50	21·8
Gorakhpur . .	514 {	...	...	...	...	167·3	...	11·7 3·89	15·6 9·73	15·6 1·95	83·7 3·89	23·3	...	...	...	31·1	83·7	...	665·4 25·29	42·8
Basti . .	327 {	...	...	...	...	76·5	...	21·4	48·9 9·17	48·9	12·2	15·3	...	...	...	12·2	128·4	...	565·7 15·29	24·5
Fyzabad . .	438 {	...	...	...	...	77·6	...	...	6·8	9·1	11·4	32·0	...	...	...	4·6	105·0	...	440·6 20·55	25·1
Sultanpur . .	263 {	...	...	...	...	338·4 3·80	...	117·9 19·01	3·8	30·4 3·80	3·8	3·8	...	3·8	...	...	102·7	...	783·3 34·22	26·6
Rai Bareilly . .	437 {	...	...	...	...	93·8	...	4·6 2·29	4·6 2·29	9·2	16·0	9·2	...	...	...	4·6	119·0	...	423·3 6·36	25·2

Worked on the aggregates.



# PRISONERS, 1909.

## TABLE XLII—continued.

RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLII

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of uncer- tain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.			
Partabgarh .	233 {	...	...	...	...	171'7 8'58	...	...	38'6 17'17	21'5	30'0	4'3	...	4'3	...	...	60'1	...	463'5 25'75	21'5		
Jaunpur .	236 {	...	...	...	...	97'5	...	...	...	4'2 4'24	21'2	21'2	...	...	...	8'5	59'3	...	309'3 12'71	12'7		
Benares, Central. }	1,788 {	...	...	1'1	...	152'1 1'12	...	3'4 1'68	3'4	3'9	24'0 1'12	17'3 4'47	...	...	...	1'1 5'56	53'7	...	390'4 15'10	22'9		
Benares, District. }	376 {	...	...	2'7	...	111'7	...	...	5'3	...	31'9 7'98	16'0	...	...	...	10'6	103'7	...	449'5 13'30	23'9		
Mirzapur .	196 {	...	...	5'1	...	15'3	...	10'2	25'5 10'20	5'1	30'6 5'10	...	...	...	...	...	56'1	...	255'1 15'31	10'2		
Allahabad, Central. }	1,441 {	...	...	...	...	74'9 1'43	57'8	6'4 2'14	7'1 1'43	11'4 7'1	30'7 2'86	12'8	...	...	...	1'4	94'2	...	430'4 13'56	26'4		
Allahabad, District. }	588 {	...	1'7 1'70	...	...	83'3	...	8'5 3'40	27'2 5'10	45'9 3'40	42'5 5'10	18'7	...	...	...	8'5	91'8	...	576'5 22'11	35'7		
Karwi .	35 {	...	83'3 55'56	...	...	555'6	...	...	27'8	55'6	...	55'6	...	...	...	...	111'1	...	1,250'0 55'56	27'8		
Banda .	186 {	...	...	...	...	688'2	...	...	26'9 10'75	102'2 5'38	32'3	10'8	...	...	...	...	118'3	...	1,467'7 32'26	48'4		
Fatehpur .	250 {	...	...	...	8'0	248'0	68'0	20'0 12'00	80'0 4'00	80'0	16'0	60'0 8'00	...	...	...	20'0	132'0	...	968'0 32'00	32'0		
Hamirpur .	94 {	31'9	...	10'6	...	308'5	...	31'9 10'64	138'3 10'6	53'2	31'9	...	...	...	...	...	42'6	...	861'7 21'28	31'9		
Orai .	147 {	6'8	...	...	...	129'3	20'4	6'8 6'80	13'6	74'8 13'61	27'2	20'4	...	...	...	13'6	95'2	...	551'0 20'41	20'4		
Cawnpore .	409 {	...	...	...	...	325'2 2'44	...	...	22'0 7'33	14'7	92'9 2'44	41'6	...	...	...	14'7	78'3	...	943'8 17'11	36'7		
Unao .	306 {	...	...	...	...	124'2 3'27	...	3'3	3'3	...	52'3 3'27	16'3	...	...	...	...	55'6	...	359'5 19'61	1'1		
Lucknow, Central. }	1,735 {	...	19'0 11'53	6	...	51'9 4'03	...	6'3 5'19	1'2	1'2	44'4 14'41	15'0 5'19	6	...	...	...	30'5	...	207'5 44'96	17'9		
Lucknow, District. }	594 {	...	6'7 3'37	...	...	109'4	...	13'5 1'68	15'2 3'37	5'1	25'3 3'37	15'2 5'05	...	...	...	...	79'1	...	402'4 18'52	18'5		
Barabanki .	371 {	...	5'4 2'70	...	...	264'2	...	5'4 2'70	40'4 5'39	...	97'0 8'09	45'8	...	...	...	5'4 2'70	83'6	...	663'1 26'95	24'3		
Gonda .	515 {	...	...	...	...	141'7	...	9'7 5'83	17'5 7'77	9'7	46'6 1'94	17'5 1'94	...	...	3'9	7'8	11'7	...	398'1 19'42	17'5		
Bahraich .	363 {	...	...	13'8	...	344'4 2'75	...	11'0	16'5 5'51	24'8	60'6 7'5	115'7	...	...	...	33'1	99'2	...	1,013'8 11'02	49'6		
Kheri .	300 {	...	...	...	...	106'7	...	10'0 3'33	23'3 3'33	16'7	10'0 3'33	10'0	...	...	...	23'3	93'3	...	416'7 16'67	16'7		
Sitapur .	729 {	19'2	...	...	...	130'3 1'37	...	5'5 2'74	5'5 2'74	30'2	57'6 8'23	16'5 1'37	...	...	...	4'1	71'3	...	528'1 21'95	15'1		
Hardoi .	396 {	...	...	...	...	318'2	...	...	...	5'1	...	15'2 2'53	...	...	...	27'8 2'53	90'9	...	623'7 7'58	17'7		
Etawah .	282 {	...	...	...	...	156'0 3'55	...	3'5	95'7 14'18	85'1	117'0 10'64	...	...	...	...	...	60'3	...	716'3 35'46	28'4		
Mainpuri .	332 {	27'1	...	...	54'2	418'7	138'6	3'0 3'61	45'2 6'02	24'1	69'3 9'04	27'1	...	...	...	3'0 3'61	114'5	...	1,108'4 21'08	48'2		
Etah .	293 {	...	...	...	...	238'9	...	10'2	54'6 10'24	51'2 3'41	10'2	10'2	...	...	...	30'7	102'4	...	658'7 13'65	37'5		
Fatehgarh, Central. }	1,851 {	...	...	...	...	50'5	...	13'4 6'45	25'3 3'76	17'2 2'69	12'4 1'07	4'3	...	...	...	5	49'4	...	277'8 15'58	17'2		
Fatehgarh, District. }	294 {	...	...	—	...	170'1	...	...	23'8 3'40	13'6 3'40	57'8 3'40	30'6 6'80	...	...	...	6'8	47'6	...	496'6 20'41	13'6		
GROUP V.— GANGETIC PLAIN AND CHUTIA NAGPUR.	25,201 {	1'1	1'8 1'15	8 '04	1'3 '24	188'4 1'39	7'0 '04	10'2 3'77	14'7 3'17	1'3 '87	78'3 5'95	42'5 1'56	1'1 '08	1'1	1'1	7'0 '32	66'4	2 '05	626'0 24'05	28'6*		
A.																						
Shahjahanpur	333 {	...	...	...	...	702'7 3'00	...	...	24'0 6'01	24'0	24'1 9'01	27'0	3'0 3'00	...	...	3'0	81'1	...	1,204'1 27'03	48'0		
Pilibhit .	48 {	...	...	...	...	20'8	...	...	20'8	20'8	62'5	...	...	...	...	...	41'7	...	229'2	6'6*		
Bareilly, Central. }	1,943 {	...	...	...	...	595'5 51	...	26'2 7'21	26'8 12'35	10'3 3'09	42'2 5'66	37'6 7'21	...	...	...	24'2 5'1	25'2	...	848'7 40'14	57'6		

\* Worked on the aggregates.



JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of un- certain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.			
Bareilly, District.	632	7'9	...	...	1'6 1'58	256'3	...	12'7 3'16	83'9 14'24	14'4	41'1 6'33	4'7 1'58	...	...	...	3'2	96'5	4'7 3'16	677'2 42'72	23'7		
Bareilly, Juvenile	119	...	...	...	...	479'0	...	8'4	25'2 8'40	...	42'0 8'40	16'8	...	...	...	...	5'2	...	722'7 16'81	33'6		
Budaun . . .	374	...	...	...	...	836'9	...	5'3 2'67	23'4 5'35	5'3	37'4	21'4	...	...	...	8'0	125'7	...	1,259'4 10'70	29'		
Aligarh . . .	331	...	...	...	...	142'0	...	6'0 3'02	18'1 9'06	33'2	36'3 3'02	21'1	...	...	...	3'0	72'5	...	558'9 24'17	24' 2		
Bulandshahr . . .	235	4'3	...	...	...	459'6 8'51	...	12'8 4'26	17'0 4'26	12'8	97'9	63'8 4'26	...	...	...	4'3	131'9	...	1,178'7 42'55	38'3		
Moradabad . . .	380	...	...	...	...	221'1	...	7'9	31'6 2'63	23'7	89'5 10'53	18'4	...	...	...	7'9	150'0 2'63	...	707'9 23'68	23'7		
Bijnor . . .	284	...	...	...	3'5 3'52	147'9	...	...	10'6 7'04	14'1	17'6 3'52	10'6	...	...	...	7'0	140'8	...	468'3 17'61	14'1		
Dehra Dun . . .	95	...	...	...	...	400'0	10'5	10'5	63'2 21'05	...	31'6	52'6 10'53	...	...	...	10'5	52'6	...	736'8 31'58	42'1		
Saharanpur . . .	323	...	...	...	...	238'4 3'10	...	9'3	49'5 18'58	49'5	145'5 18'58	65'0	...	...	...	18'6	139'3	...	876'2 43'34	4		
Muzaffarnagar . . .	190	...	...	...	...	573'7 5'26	...	...	47'4 5'26	57'9 5'26	47'4 5'26	21'1	...	...	...	42'1	278'9	...	1,542'1 36'84	3'8		
Meerut . . .	580	15'5	...	...	...	108'6 3'45	...	6'9 1'72	51'7 12'07	29'3	31'8	19'0	...	...	...	...	58'6	...	422'4 20'69	15'5		
Delhi . . .	506	...	...	...	...	290'5	...	17'8 5'93	33'6 5'93	7'9	45'5 5'93	47'4 1'98	...	4'0	...	23'7	128'3	...	739'1 21'74	31'6		
Rohtak . . .	148	...	...	...	...	466'2	6'8	6'8	...	13'5	67'6	81'1	...	...	...	6'8	283'8 6'76	...	1,628'4 6'76	40'5		
Hissar . . .	153	...	...	...	6'5	6'5	...	19'6	39'2 19'61	32'7	32'7	39'2	...	...	...	26'1	143'8	...	679'7 20'14	45'8		
Karnal . . .	137	...	...	...	...	510'9	...	21'9	138'7 43'80	94'9	65'7	58'4	...	...	...	7'3	131'4	...	1,270'1 51'09	21'9		
Ambala . . .	642	...	...	...	...	182'2	20'2	12'5 7'79	20'2 7'79	23'4	40'5 1'56	32'7	...	...	1'6	9'3	135'5	...	688'5 32'71	26'5		
B Ludhiana . . .	213	...	...	...	...	28'2	...	4'7	28'2	14'1	14'1	...	...	...	...	...	28'2	...	197'2 4'69	9'4		
Hoshiarpur . . .	67	...	...	...	...	223'9	...	...	...	...	74'6	29'9	...	...	...	...	119'4	...	0'5	14'9		
Jullundur . . .	284	...	...	...	...	63'4	...	3'5 3'52	10'6 7'04	3'5 3'52	66'9	10'6	...	...	...	14'1	158'5	...	563'4 7	17'6		
Ferozepore . . .	393	2'5	...	...	...	117'0	124'7	7'6 5'09	45'8 7'03	10'5 5'09	50'9	30'5	...	...	...	22'9	162'8	...	796'4 22'90	30'5		
Amritsar . . .	125	...	...	...	...	488'0	...	8'0 8'00	32'0 8'00	16'0	72'0	32'0	...	...	...	8'0	136'0	...	1,208'0 24'00	32'0		
Lahore, Central	1,494	...	1'3 67	...	...	59'6	7	18'1 7'36	34'8 10'71	26'1 67	28'1 2'01	31'5 4'69	...	4'7	...	35'5 1'34	108'4	...	510'0 32'13	28'1		
„ District . . .	430	...	...	...	...	67'4 2'33	...	14'0	39'5 6'98	32'6	48'8 2'33	34'9	...	16'3 2'33	...	9'3	102'3	...	630'2 20'93	23'3		
„ Female . . .	154	...	...	...	...	103'9	13'0	6'5 6'49	13'0	1'9	19'5	58'4	...	26'0	...	32'5 6'49	51'9 6'49	...	603'9 25'97	32'5		
Gurdaspur . . .	148	...	...	...	...	162'2 13'51	...	...	6'8	33'8 6'76	20'3	20'3 6'76	...	...	...	...	6'8	...	439'2 33'78	20'3		
Gujranwala . . .	302	3'3	...	...	...	188'7	...	3'3	33'1 3'31	29'8	9'9	46'4	...	...	...	...	109'3	...	668'9 6'62	16'6		
Sialkot . . .	318	...	...	...	...	314'5	...	12'6	3'1 3'14	15'7 3'14	94'3 6'29	66'0 6'29	...	...	...	66'0	163'5	...	952'8 31'45	46'9		
Gujrat . . .	149	...	...	...	...	268'5	...	...	...	20'1	60'4	47'0	...	...	...	...	140'9	...	838'9 6'71	13'4		
Jhelum . . .	208	...	...	...	...	370'2	...	9'6 4'81	38'5 4'81	24'0	76'9	129'8	...	...	...	19'2	96'2	...	1,000'0 14'42	24'0		
Rawalpindi . . .	701	...	...	2'9	...	118'4	...	10'0 4'28	15'7 4'28	22'8 1'43	35'7 1'43	25'7 2'85	...	...	...	20'0	59'9	...	418'0 21'40	17'1		
Campbellpore . . .	160	...	...	...	...	118'8	...	6'2 6'25	...	6'2	43'8	12'5	...	...	...	18'8	62'5	...	500'0 6'25	18'		
GROUP VI.— UPPER SUB-HIMA- LAYA.	12,599	1'3	2'08	2	2'16	283'8 87	5'3	12'5 3'89	31'9 8'65	21'7 1'11	47'5 3'41	33'6 2'38	1'08	1'6 0'08	1	17'2 3'32	99'2 24	2'16	734'3 27'86	31'25		

\* Worked on the aggregates.



# PRISONERS, 1909.

## TABLE XLII—continued.

RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

For actuals, see Table XLIII.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of uncertain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.			
<b>A</b>																						
Peshawar . . .	611 {	...	...	...	...	831'4 3'27	...	8'2 3'27	34'4 4'9	50'7 1'64	137'5 3'27	...	...	...	4'9	16'4	111'3	...	1,384'6 26'19	32'7		
Kohat . . .	111 {	...	...	...	...	117'1	...	...	63'1 9'01	9'0	...	...	...	...	...	9'0	36'0	...	360'4 9'01	9'0		
Bannu . . .	150 {	...	...	...	...	133'3	...	6'7	6'7 6'67	20'0 6'67	80'0	26'7	...	...	...	...	113'3	...	646'7 26'67	26'7		
Shahpur . . .	177 {	...	...	...	...	423'7	...	5'6 5'65	5'6	16'9	67'8	271'2	...	...	...	16'9	271'2	...	1,514'1 5'65	28'2		
Mianwali . . .	194 {	...	...	...	...	30'9	15'3	...	5'2 5'15	20'6	15'5	41'2	...	...	...	5'2	92'8	...	422'7 10'31	20'6		
Lyallpur . . .	240 {	...	...	...	...	58'3	...	4'2	12'5	...	...	...	...	...	...	...	37'5	...	137'5	4'2		
Jhang . . .	187 {	...	...	...	...	486'6	5'3 5'3	...	32'1	10'7	90'9	42'8 5'35	...	...	...	10'7	32'1	...	855'6 21'39	10'7		
Montgomery, Central.	1,961 {	4'1	...	...	...	105'6	...	31'1 10'20	12'7 3'57	44'4 5'1	35'7 3'06	18'4	...	5	10	11'7 1'53	76'0	...	466'6 27'03	38'8		
Mooltan, Central .	1,089 {	30'3	...	...	9	68'9	9'1	23'0 10'10	12'0 8'26	34'9 3'67	19'3 9'2	28'5 7'35	...	11'9	...	45'0	136'8	...	623'5 37'65	34'0		
Mooltan, District .	711 {	...	...	5'6	...	64'7	...	14'1 2'81	33'8 5'63	50'6 1'41	43'6 5'63	47'8 2'81	...	...	...	25'3	30'9	...	541'5 32'35	30'9		
Dera Ismail Khan .	381 {	...	...	...	7'9	370'1	...	18'4 5'25	10'5 2'02	7'9	99'7 2'62	26'2	...	13'1	...	7'9	168'0	...	937'0 18'37	26'2		
Dera Ghazi Khan .	223 {	...	...	...	...	35'9	17'9	...	13'5 8'97	22'4	26'9	62'8	...	...	9'0	9'0	80'7	...	394'6 13'45	13'5		
<b>B</b>																						
Sibi . . .	55 {	...	...	...	...	363'6	...	...	18'2	...	90'9	54'5	...	...	...	...	181'8	...	981'8	18'2		
<b>C</b>																						
Sukkur . . .	393 {	...	...	...	...	73'8 7'63	...	2'5	0'5 5'09	20'4	17'8	...	...	...	2'5	2'5	15'3	...	223'9 30'53	10'2		
Sind Gang . . .	432 {	...	...	...	...	240'7	...	...	41'7 18'52	55'6	37'0 4'63	60'2	...	...	9'3	4'6	94'9	...	805'6 25'46	25'5		
Hyderabad, Central.	642 {	...	...	...	...	202'5	3'1	4'7 3'12	45'2 3'12	32'7	82'6 6'23	21'8	...	3'1	3'1	20'2	28'0	...	657'3 21'81	34'3		
Karachi . . .	371 {	...	...	...	...	56'6	...	8'1 2'70	5'4 2'70	18'9	86'3 2'70	13'5	...	...	21'6	43'1	86'3	...	503'0 18'87	32'3		
<b>GROUP VII.—</b> N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJ- PUTANA.	7,928 {	5'2	...	5	5	190'2 6'3	2'5 1'13	14'9 5'17	23'0 5'30	34'4 1'01	51'3 2'65	30'4 1'39	...	2'6	2'8	18'2 3'38	85'6	...	641'0 25'10	29'7*		
<b>A</b>																						
Rajkot . . .	78 {	...	...	...	...	89'7	51'3	...	12'8	12'8	25'6	102'6	...	...	...	...	51'3	...	448'7	12'8		
Ahmedabad, Central.	920 {	...	...	...	...	50'0 4'35	...	1'1	13'0 2'17	25'0 2'17	21'7 4'35	21'7 4'35	...	...	...	21'7 2'17	21'7	1'1	304'3 23'91	18'5		
<b>B</b>																						
Ajmer . . .	340 {	...	...	...	...	191'2	...	...	17'6 11'76	8'8 2'94	26'5	11'8	...	2'9 2'94	...	...	52'9	...	514'7 20'59	17'6		
Muttra . . .	227 {	...	...	...	...	519'8 4'41	...	8'8 8'81	17'6 13'22	48'5	57'3	92'5	...	...	...	22'0	207'0	...	1,422'9 30'84	57'3		
Agra, Central . .	1,974 {	...	...	...	...	152'0	...	14'2 5'07	11'7 4'05	21'8 5'1	24'3 1'52	12'7 1'52	...	...	...	5 5'1	28'9	...	464'5 17'23	28'4		
„ District . . .	492 {	...	...	...	...	48'8	...	8'1 2'03	38'6 10'16	10'2	10'2	22'4	...	...	...	2'0	71'1	...	355'7 14'23	20'3		
Jhansi . . .	214 {	...	...	...	...	140'2	...	14'0 4'67	60'7 14'02	32'7	37'4	42'1	...	...	...	...	18'7	...	686'9 32'71	23'4		
Lalitpur . . .	54 {	...	...	...	...	55'6 18'52	...	...	...	18'5	37'0 18'52	...	...	...	...	18'5 18'52	...	...	166'7 55'56	18'5		
<b>GROUP VIII.—</b> S. E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	4,299 {	...	...	...	...	137'9	9	8'8	18'1	21'9	24'9	22'8	...	2	...	6'5	43'0	2	479'4 20'24	25'2*		

\* Worked on the aggregates.



JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of uncertain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscesses.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.			
A																						
Damoh . . .	69 {	...	...	...	...	188'4	...	14'5	14'5	...	29'0	318'8	...	...	...	...	115'9	...	1,000'0	29'0		
		...	...	...	...	...	...	...	...	...	14'49	...	...	...	...	...	...	...	14'49			
Saugor . . .	125 {	...	...	...	...	200'0	24'0	...	...	40'0	208'0	48'0	...	...	...	24'0	104'0	...	872'0	32'0		
		...	...	...	...	16'00	...	...	...	...	8'00	...	...	...	...	...	...	...	32'00			
Jubbulpore, Central.	1,008 {	7'9	...	...	...	42'7	1'0	2'0	6'0	14'9	1'0	7'9	...	...	...	2'0	45'6	...	234'1	7'9		
		...	...	...	...	1'98	...	'99	'99	3'97	...	...	...	...	...	...	...	...	12'90			
Narsinghpur . . .	95 {	...	...	...	...	10'5	...	...	...	10'5	10'5	10'5	...	...	...	21'1	...	...	115'8	10'5		
		...	...	...	...	...	...	...	...	10'53	10'53	...	...	...	...	...	...	...	42'11			
Mandla . . .	75 {	...	...	...	...	80'0	...	...	...	26'7	26'7	53'3	...	...	...	13'3	173'3	...	640'0	13'3		
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Bilaspur . . .	100 {	...	...	...	...	70'0	...	...	...	...	130'0	...	...	...	...	20'0	80'0	...	540'0	20'0		
		...	...	...	...	...	...	...	...	...	10'00	...	...	...	...	...	...	...	20'00			
Sambalpur . . .	183 {	...	...	...	10'9	235'0	5'5	10'9	5'5	54'6	174'9	38'3	...	...	...	...	76'5	...	765'0	27'3		
		...	...	...	...	5'46	...	10'93	5'46	...	5'46	...	...	...	...	...	...	...	32'79			
Raipur, Central.	609 {	...	...	1'6	...	226'6	...	3'3	3'3	1'6	80'5	46'0	...	4'9	...	11'5	73'9	...	842'4	32'8		
		...	...	...	...	1'64	...	1'64	...	...	9'85	...	...	...	...	1'64	...	...	24'63			
Balaghat . . .	53 {	...	...	...	...	18'9	...	...	...	...	...	37'7	...	...	...	...	56'6	...	264'2	18'9		
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	18'87			
Seoni . . .	63 {	...	...	...	...	...	...	...	31'7	95'2	79'4	15'9	...	...	...	15'9	15'9	...	507'9	15'9		
		...	...	...	...	...	...	...	15'87	15'87	47'62	...	...	...	...	...	...	...	95'24			
Chhindwara . . .	60 {	...	...	...	...	50'0	...	...	...	16'7	50'0	50'0	...	...	...	33'3	100'0	...	700'0	33'3		
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Hoshangabad . . .	72 {	...	...	...	...	263'9	...	...	13'9	...	55'6	83'3	...	...	...	13'9	41'7	...	656'7	13'9		
		...	...	...	...	...	...	...	...	...	13'89	...	...	...	...	...	...	...	13'89			
Nimar . . .	72 {	...	...	...	...	102'9	...	...	...	14'7	29'4	176'5	...	...	...	...	73'5	...	750'0	29'4		
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Betul . . .	67 {	...	...	...	...	59'7	...	...	...	...	14'9	44'8	...	...	...	14'9	89'6	...	208'5	14'9		
		...	...	...	...	...	...	...	...	...	14'93	...	...	...	...	...	...	...	447'8			
Nagpur, Central	1,131 {	...	...	...	...	311'2	...	7'1	6'2	7'1	8'0	38'0	...	'9	...	14'1	90'2	...	701'18	20'3		
		...	...	...	...	...	...	3'54	'88	...	...	...	...	...	...	...	...	...	8'.			
Bhandara . . .	58 {	...	...	17'2	34'5	...	...	...	...	...	...	...	...	...	...	...	...	...	103'4	5'0*		
		...	...	...	17'24	...	...	...	...	...	...	...	...	...	...	...	...	...	34'48			
Wardha . . .	50 {	...	...	...	...	...	...	...	...	...	...	20'0	...	...	...	...	...	...	120'0	3'4*		
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Chanda . . .	63 {	...	...	...	...	158'7	...	15'9	31'7	15'9	63'5	...	...	...	...	...	15'9	...	333'3	15'9		
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
B																						
Secunderabad . . .	76 {	...	...	...	...	157'9	26'3	...	...	13'2	52'6	...	...	...	...	26'3	26'3	...	973'7	25'3		
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Yeotmal . . .	96 {	...	...	...	...	114'6	...	10'4	10'4	...	...	31'2	...	...	...	...	10'4	...	260'4	10'4		
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Amraoti . . .	207 {	...	...	...	...	33'8	19'3	...	14'5	48'3	19'3	9'7	...	...	...	...	31'8	...	347'8	14'5		
		...	...	...	...	...	...	...	...	4'83	...	...	...	...	...	...	...	...	9'60			
Akola . . .	164 {	...	...	...	...	18'3	6'1	12'2	6'1	...	6'1	18'3	...	...	...	...	24'4	...	18'2'9	6'1		
		...	...	...	...	...	...	6'10	...	...	6'10	...	...	...	...	...	...	...	12'20			
Buldana . . .	64 {	...	...	...	...	...	...	...	15'6	15'6	...	15'6	...	...	...	...	45'9	...	156'3	5'8*		
		...	...	...	...	...	...	...	15'63	...	...	...	...	...	...	...	...	...	15'63			
Dhulia . . .	372 {	...	...	...	...	61'8	...	2'7	13'4	13'4	34'5	8'1	...	...	2'7	5'4	18'8	...	325'3	10'8		
		...	...	...	...	...	...	2'69	...	...	...	...	...	...	...	2'69	2'69	...	13'44			
Yerrowda, Central.	1,514 {	...	...	'7	...	161'2	...	4'6	'7	25'1	31'7	25'1	...	...	'7	18'5	138'0	...	823'6	55'5		
		...	...	...	...	1'32	...	1'32	'66	...	...	...	...	...	...	2'64	...	...	13'87			
Bijapur . . .	313 {	...	...	...	...	319'5	25'6	6'4	6'4	63'9	47'9	63'9	...	...	...	...	47'9	...	980'8	19'2		
		...	...	...	...	3'19	...	3'19	6'39	...	...	...	...	...	...	...	...	...	15'97			
Deccan Gang . . .	600 {	...	...	...	...	171'7	...	1'7	6'7	30'0	35'0	75'0	...	...	...	8'3	336'7	...	995'0	31'7		
		...	...	...	...	...	...	...	1'67	...	...	...	...	...	...	...	...	...	6'76			
Dharwar . . .	414 {	...	...	...	...	67'6	...	...	...	9'7	45'9	65'2	...	...	2'4	2'4	33'8	...	461'4	12'1		
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9'66			
GROUP IX.—DECCAN.	7,769 {	1'0	...	'4	'5	154'8	2'6	3'9	5'1	19'1	35'0	37'2	...	'5	'4	9'8	95'0	...	629'0	25'9*		
		...	...	...	'13	1'16	...	1'67	1'16	'90	2'19	...	...	...	...	'77	'13	...	14'42			

\* Worked on the aggregates.

# PRISONERS, 1909.

## TABLE XLII—continued.

RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLIII.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria	Pyrexia of uncertain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.			
Thana . . . .	598 {	...	...	...	...	107'0	3'3	1'7	5'0	26'8	13'4	61'9	1'7	...	...	6'7	26'8	...	414'7	} 18'4		
		...	...	...	...	...	...	3'34	...	1'67	1'67	...	...	...	...	...	...	...	8'36			
Bombay, Common .	401 {	...	...	...	...	44'9	...	15'0	24'9	29'9	29'9	29'9	...	...	...	17'5	29'9	2'5	351'6	} 15'0		
		...	...	...	...	...	...	9'98	12'47	2'49	2'49	2'49	...	...	...	2'49	...	...	42'39			
Bombay, House of Correction.	203 {	...	...	...	...	28'8	...	4'8	...	48'1	43'3	...	...	...	...	4'8	...	...	230'8	} 9'6		
		...	...	...	...	...	...	9'62	...	4'81	...	...	...	...	...	...	...	...	28'85			
Ratnagiri . . .	102 {	...	...	...	...	68'6	19'6	9'8	...	39'2	29'4	19'6	...	...	...	...	9'8	...	323'5	} 9'8		
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Karwar . . . .	162 {	...	...	...	...	37'0	30'9	...	...	12'3	61'7	18'5	...	...	...	...	37'0	...	413'6	} 24'7		
		...	...	...	...	...	...	...	...	...	12'35	...	...	...	...	...	...	...	18'52			
Cannanore, Central .	914 {	...	...	...	...	71'1	85'3	6'6	3'3	37'2	90'8	24'1	...	...	...	39'4	55'8	...	772'4	} 30'6		
		...	...	...	...	5'47	...	3'28	1'09	...	3'28	...	...	...	...	1'09	...	...	28'45			
GROUP X.—WESTERN COAST.	2,385 {	...	...	...	...	69'6	36'5	6'3	6'7	32'7	52'4	31'9	4	...	...	20'1	36'1	4	521'2	} 21'7*		
		...	...	...	...	2'10	...	4'61	2'52	1'26	2'94	42	...	...	...	84	...	...	23'90			
A																						
Bellary, Central .	740 {	...	...	...	2'7	91'9	4'1	20'3	2'7	13'5	32'4	...	...	...	...	12'2	29'7	...	425'7	} 28'4		
		...	...	...	...	...	...	4'05	...	...	...	...	...	...	...	...	...	...	6'76			
Salem, Central .	715 {	...	...	...	...	68'5	36'4	8'4	8'4	23'8	53'1	...	...	...	...	...	16'8	...	383'2	} 16'8		
		...	...	...	...	...	...	1'40	2'80	...	1'40	...	...	...	...	...	...	...	6'99			
Coimbatore, Central.	1,201 {	...	41'6	...	...	7'5	23'3	2'5	4'2	7'5	155'7	15'0	...	...	...	7'5	11'7	...	354'7	} 10'8		
		...	16'65	...	...	...	...	1'67	...	...	6'66	...	...	...	...	83	...	...	33'31			
B																						
Palamcottah . .	426 {	...	...	...	...	25'8	11'7	7'0	2'3	7'0	21'1	14'1	...	...	...	23'5	35'2	...	305'2	} 23'5		
		...	...	...	...	...	...	2'35	...	...	...	...	...	...	...	...	...	...	14'08			
Madura . . . .	474 {	...	2'1	...	...	21'1	10'5	12'7	2'1	19'0	10'5	...	...	...	...	10'5	31'6	...	360'8	} 25'3		
		...	2'11	...	...	2'11	...	2'11	...	...	...	...	...	...	...	2'11	...	...	18'99			
Trichinopoly, Central	1,268 {	...	...	...	...	167'2	...	29'0	2'5	18'2	102'6	...	8	...	...	18'2	33'9	...	649'8	} 32'5		
		...	...	...	...	...	...	11'59	2'48	...	12'42	...	...	...	...	83	...	...	40'56			
Tanjore . . . .	360 {	...	...	...	2'8	2'8	5'6	5'6	2'8	8'3	11'1	5'6	...	...	...	...	19'4	...	122'2	} 11'1		
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2'78	...	8'33			
Cuddalore . . .	429 {	...	...	...	4'7	35'0	42'0	2'3	...	18'6	72'3	14'02	...	...	...	9'3	9'3	...	293'7	} 14'0		
		...	...	...	2'33	2'33	...	2'33	...	...	4'66	...	...	...	...	2'33	...	...	18'65			
Vellore, Central .	1,387 {	...	...	...	...	13'7	91'6	4'2	12'3	45'4	46'9	12'3	...	...	7	30'3	72'8	...	544'3	} 31'7		
		...	...	...	...	...	...	2'88	4'33	...	3'60	...	...	...	...	72	...	...	17'30			
Madras, Civil . .	37 {	...	...	27'0	...	...	...	81'1	...	...	54'1	...	...	...	...	...	...	...	405'4	} 27'0		
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Madras Penitentiary, Central.	956 {	8'4	...	...	3'1	25'1	10'5	12'6	7'3	29'3	1'0	1'0	...	...	...	13'6	26'2	...	290'8	} 11'5		
		...	...	...	...	...	...	4'18	...	1'04	...	...	...	...	...	...	...	...	10'46			
C																						
Rajahmundry, Central.	1,044 {	...	...	...	1'9	65'1	47'9	5'7	10'5	38'3	67'0	...	...	...	...	39'3	49'8	...	596'7	} 40'2		
		...	...	...	1'92	1'92	...	1'92	3'83	...	12'45	...	...	...	...	3'83	...	...	34'48			
Vizagapatam . .	732 {	...	...	...	...	442'6	...	6'8	38'3	36'9	110'7	13'7	...	...	...	13'7	19'1	...	822'4	} 36'9		
		...	...	...	...	...	...	8'20	5'46	...	19'13	...	...	...	...	1'37	...	...	39'62			
Berhampur . . .	192 {	...	203'1	...	...	57'3	...	...	10'4	...	114'6	5'2	...	...	...	119'8	5'2	...	630'2	} 26'0		
		...	88'54	...	...	...	...	...	5'21	...	15'62	...	...	...	...	10'42	...	...	119'79			
GROUP XI.—SOUTHERN INDIA.	9,901 {	8	6'1	1	1'0	81'9	27'7	10'4	8'5	24'1	67'0	6'2	1	...	1	19'0	32'6	...	471'2	} 24'9*		
		...	3'84	...	30	40	...	3'94	2'02	10	6'16	...	...	...	...	1'21	10	...	24'95			

\* Worked on the aggregates.



JAILS, GROUPS AND ADMINIS- TRATIONS.	Average annual strength.	1. ADMISSION RATE.							2. DEATH RATE PER 1,000 OF STRENGTH.													Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of un- certain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.			
Aijal . . .	18	...	...	...	...	777'3	166'7	...	55'6	166'7	222'2	222'2	...	...	...	55'6	111'1	...	2,388'9	55'6		
Kohima . . .	25	...	...	...	...	280'0	...	...	55'56	40'0	80'0	...	...	...	...	...	80'0	...	600'0	16'8*		
Shillong . . .	50	...	...	...	...	400'0	...	...	40'0	20'0	640'0	240'0	...	...	...	...	40'0	...	1,540'0	60'0		
Darjeeling . . .	114	...	...	...	8'8 8'77	640'4 8'77	...	26'3	43'9 8'77	96'3	131'6 8'77	228'1	...	...	...	26'3 8'77	43'9	...	1,491'2 52'63	61'4		
Almora . . .	71	...	...	...	...	...	...	...	...	...	14'1	...	...	...	...	...	14'1	...	154'9 14'08	3'6*		
Pauri . . .	14	...	...	...	...	214'3	...	...	142'3 71'43	...	285'7 71'43	71'4	...	71'4 71'43	...	...	...	...	785'7 214'29	71'4		
Naini Tal . . .	38	...	...	...	...	815'8	...	...	26'3	78'9	105'3	473'7 26'32	...	...	...	26'3	78'9	...	1,947'4 26'32	52'6		
Simla . . .	12	...	...	...	...	...	...	...	83'3	...	...	...	...	...	...	...	...	...	166'7	9'3*		
Abbottabad . . .	101	...	...	...	...	9'9	...	...	...	29'7	...	39'6	...	...	...	...	108'9	...	425'7	9'9		
Quetta . . .	53	...	...	...	...	735'8	...	...	18'9	37'7	150'9	...	...	56'5	18'9	37'7	320'8	...	2,452'8	37'7		
Mercara . . .	88	...	...	...	...	204'5	...	...	68'2 34'09	11'4 11'36	22'7 11'36	11'4	...	...	...	...	102'3	...	750'0 68'1	22'7		
GROUP XII.—HILLS.	584	...	...	...	1'7 1'71	352'7 1'71	5'1	5'1	32'5 11'99	42'8 1'71	123'3 13'70	113'0 1'71	...	6'8 1'71	1'7	12'0 1'71	89'0	...	1,099'3 41'10	34'9*		
EXTRA INDIA . . . Aden . . .	71	...	...	...	...	56'3	...	...	...	...	28'2	14'1	...	...	...	...	14'1	...	154'9	14'1		
INDIA (a)	99'104	1'5 ...	2'0 1'12	5 '02	9 '21	172'4 1'19	10'8 '02	9'9 3'72	14'3 3'60	23'3 '84	70'2 4'20	38'6 1'04	1 '05	5 '04	4 ...	11'8 '60	66'1 '05	1 '04	617'9 22'85	28'1*		
BURMA . . .	13,680	...	3'4 2'34	...	8 '15	35'5 '29	22'8	8'0 4'24	2'2 '66	12'4 '29	20'5 1'68	12'3 '51	...	1 '07	...	3'1 22	55'0	1 ...	309'9 16'15	16'0*		
EASTERN BENGAL AND ASSAM.	7,173	4'6 ...	2'2 1'53	6 '14	1'4 '56	247'9 2'79	13'4	8'4 3'62	15'8 4'04	26'2 1'39	200'2 8'09	94'2 '28	3 '28	...	8 ...	17'4 1'12	46'7	...	899'1 29'97	36'6*		
BENGAL . . .	16,036	9 ...	2 '19	1'4 '06	1'6 '56	273'8 2'00	2'8 '06	12'9 4'24	10'0 2'68	32'7 '87	151'5 6'42	90'8 '87	...	...	...	10'7 '75	57'7	2 ...	916'0 25'13	40'2*		
UNITED PROVINCES . . .	26,020	1'6 ...	1'7 1'00	5 ...	8 '08	212'1 1'23	5'7	10'0 3'31	22'4 5'50	19'4 '96	40'0 4'27	21'9 1'96	1 '12	1 '04	1 ...	7'9 '31	72'0 '04	2 '15	573'7 23'79	28'0*		
PUNJAB . . .	11,526	3'7 ...	2 '09	5 ...	2 ...	139'3 '26	7'3 '09	15'4 5'47	23'9 6'16	29'2 1'13	38'9 1'91	37'7 2'08	...	2'9 '09	4 ...	20'8 '52	193'3 '17	...	612'7 25'16	27'8*		
N.-W. FRONTIER PROVINCE.	1,354	...	...	...	2'2 ...	504'4 1'48	...	9'6 2'95	24'4 4'43	30'3 1'48	99'0 2'22	13'3	...	3'7 ...	2'2 ...	10'3 ...	121'1	...	1,021'4 20'68	26'5*		
CENTRAL PROVINCES	4,297	1'9 ...	...	...	5 '23	151'3 1'16	2'1	4'0 1'63	6'3 '93	12'1 1'63	29'6 3'72	34'7	...	...	...	8'3 '23	64'0	...	514'3 15'59	17'6*		
BOMBAY . . .	7,591	...	...	1 ...	...	123'8 1'32	3'0	3'7 1'98	13'0 3'16	28'1 '66	1'98	34'4 '66	1 ...	3 ...	2'4 ...	13'2 1'05	79'6 '13	...	580'2 17'92	27'8*		
MADRAS . . .	10,815	7 ...	8'3 3'51	1 ...	9 '28	81'0 '83	32'5	10'1 3'88	8'0 1'94	25'2 '09	69'0 5'92	7'7	1 ...	...	1 ...	20'7 1'20	34'6 '09	...	496'6 25'24	25'4*		
ANDAMANS . . .	13,145	2 ...	...	...	5 '08	1,075'4 4'56	53'8	8'4 7'00	18'2 6'24	56'5 1'45	149'4 8'98	25'3 '61	2 '15	...	1'5 ...	...	62'0	2 '15	1,761'3 41'38	93'9*		
INDIA (b)	112,249	1'4 ...	1'8 '99	4 '02	8 '20	278'1 1'59	15'8 '02	9'7 4'11	14'8 3'1	27'2 '91	79'5 4'76	37'0 '99	1 '06	5 '04	5 '02	10'4 '53	65'8 '04	1 '05	751'8 25'02	35'8*		

\*Worked on the aggregates.  
(a) Excluding Andamans.  
(b) Including Andamans.



## PRISONERS, 1909.

TABLE XLIII.

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.										Average number constantly sick.			
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of un- certain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery	Diarrhoea.	Hepatic Abscess	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbrici- oides.		Dracunculus Medinensis.	Strongylus duo- denalis.	Other Entozoa.
Mergui . .	78 {	...	...	...	...	6	4	...	...	...	3	2	...	...	...	2	4	...	26	...	...	...	...	...	1
Tavoy . .	104 {	...	...	1	...	9	...	...	...	...	...	...	...	...	...	...	...	13	...	...	...	...	...	1	
Moulmein .	583 {	...	1	...	...	22	3	4	1	14	15	9	...	...	1	38	...	193	...	...	...	...	...	11	
Shwegyin .	135 {	...	...	...	...	...	...	...	...	2	...	...	...	...	1	9	...	22	...	...	...	...	...	2	
Toungoo .	631 {	...	...	...	...	11	2	6	2	4	12	2	...	...	...	18	...	119	...	...	...	...	...	14	
Rangoon, Cen- tral (Europeans)	18 {	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	
Rangoon, Cen- tral (Natives).	2,452 {	...	...	...	...	117	114	38	2	10	67	47	...	...	10	135	...	922	...	...	...	2	2	54	
Maubin . .	156 {	...	1	...	...	15	...	...	...	4	...	5	...	...	1	9	...	67	...	...	...	...	...	3	
Myaungmya	848 {	...	...	...	...	76	7	2	3	10	11	...	...	...	1	36	1	209	...	...	...	...	...	8	
Bassein, Central	1,83 {	...	1	...	3	63	41	15	6	13	11	12	...	...	6	72	...	523	...	2	...	7	...	22	
Insein, Central	2,217 {	...	6	...	1	28	40	21	4	29	17	11	...	...	7	206	...	668	...	1	...	...	...	32	
Henzada . .	457 {	...	...	...	...	4	1	1	2	6	3	...	...	...	2	13	...	119	...	...	...	...	...	5	
Myanaung .	82 {	...	...	...	...	2	...	...	...	...	2	1	...	...	...	1	...	13	...	...	...	...	...	1	
Sandoway .	71 {	...	...	...	...	7	...	...	...	...	2	...	...	...	...	3	...	21	...	...	...	...	...	1	
Kyaukpyu .	130 {	...	...	...	...	15	...	...	...	1	33	5	...	...	3	11	...	85	...	...	...	1	...	3	
Akyab . .	407 {	...	...	...	...	13	...	...	3	10	13	...	...	...	...	21	...	114	...	...	...	...	...	5	
GROUP I.— BURMA COAST AND BAY ISLANDS.	9,552 {	...	9	...	5	388	214	87	23	121	191	94	...	...	34	575	1	3,117	...	3	...	10	2	163	
Paungde . .	178 {	...	...	...	...	5	...	1	...	...	2	1	...	...	...	5	...	41	...	...	...	...	...	3	
Prome . .	357 {	...	...	1	...	23	20	2	1	9	...	3	...	1	...	34	...	166	...	...	...	...	...	8	
Thayetmyo, Central.	814 {	...	...	...	...	10	...	4	...	5	6	5	...	...	...	2	...	86	...	...	...	...	...	5	
Magwe . .	168 {	...	...	...	...	3	...	...	1	...	...	1	...	...	...	3	...	19	...	...	...	...	...	1	
Yamethin .	96 {	...	...	1	...	2	...	7	...	1	...	1	...	...	...	5	...	32	...	...	...	...	...	3	
Meiktila . .	116 {	...	...	...	...	...	...	1	1	...	1	...	...	...	...	4	...	17	...	...	...	...	...	1	
Pagan . .	58 {	...	1	...	...	...	2	...	...	...	...	1	...	...	1	1	...	9	...	...	...	...	...	1	
Myingyan, Cen- tral.	894 {	...	...	...	...	4	10	5	...	13	29	7	...	...	...	53	...	180	1	...	...	...	...	10	
Mandalay, Cen- tral.	843 {	...	37	1	...	30	59	1	2	11	43	46	...	...	4	51	...	431	...	...	...	...	...	12	
Monywa . .	77 {	...	...	...	...	1	...	2	1	...	1	...	...	...	...	2	...	18	...	...	...	...	...	2	
Shwebo . .	216 {	...	...	1	...	...	7	...	...	4	...	3	...	...	...	6	...	54	...	...	...	...	...	3	
Mogok . .	73 {	...	...	...	...	2	...	...	...	4	...	1	...	...	...	...	...	9	...	...	...	...	...	1	
Bhamo . .	77 {	...	...	...	...	...	...	...	...	5	...	2	...	...	...	4	...	25	...	...	...	...	...	1	
Katha . .	75 {	...	...	2	...	9	...	...	1	1	3	3	...	...	1	1	...	24	...	...	...	...	...	1	
Kindat . .	56 {	...	...	...	...	1	...	...	...	...	...	...	...	...	...	5	...	12	...	...	...	...	...	1	
GROUP II.— BURMA IN- LAND.	4,128 {	...	38	...	6	98	98	23	7	49	89	74	...	1	...	9	176	1,123	1	...	...	...	...	53	



JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.										Average number constantly sick.			
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of un- certain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbricoides.		Dracunculus Medinensis.	Strongylus duo- denalis.	Other Entozoa.
Cachar . . .	70 {	...	...	...	...	12	...	...	1	...	7	7	...	...	...	2	3	...	51	...	...	...	...	...	2
Sibsagar . . .	55 {	...	...	...	...	9	...	...	...	1	10	5	...	...	...	1	3	...	42	1	...	...	...	...	1
Dibrugarh . . .	114 {	7	...	...	...	43	...	...	1	5	5	9	...	...	...	5	2	...	112	...	...	...	...	...	3
Tezpur . . .	230 {	...	...	...	...	25	...	1	9	1	5	1	...	...	...	2	28	...	90	3	...	...	3	...	5
Nowgong . . .	60 {	...	...	...	...	7	...	1	2	...	2	1	...	...	...	...	...	...	21	3	...	...	...	...	1
Gauhati . . .	312 {	...	1	...	...	183	2	3	2	11	34	173	...	...	2	4	14	...	510	...	...	...	...	...	15
Dhubri . . .	31 {	...	...	1	1	22	...	...	...	1	11	7	...	...	...	1	...	...	55	...	...	...	...	...	2
Sylhet . . .	544 {	...	1	...	...	519	...	1	5	21	41	106	...	...	2	21	20	...	904	...	...	...	...	...	19
GROUP III.— ASSAM.	1,416 {	7	2	1	1	825	2	6	20	40	115	309	...	...	4	36	70	...	1,785	...	...	...	3	...	48
Mymensingh . . .	624 {	...	...	...	3	55	21	5	4	3	188	3	...	...	...	21	27	...	405	...	...	...	...	...	14
Dacca, Central . . .	1,230 {	23	10	2	...	230	...	15	6	29	281	121	...	...	...	22	110	...	1,089	...	...	...	...	...	71
Tippera . . .	429 {	...	1	...	...	59	...	1	2	5	116	...	...	...	...	5	11	...	336	...	...	...	...	...	16
Chittagong . . .	215 {	...	...	...	...	9	26	...	4	13	6	34	...	...	...	...	2	...	136	...	...	...	...	...	4
Noakhali . . .	139 {	...	...	...	...	35	...	...	1	...	111	1	...	...	...	2	6	...	172	...	...	...	...	...	6
Bakarganj . . .	646 {	...	2	...	...	168	...	...	38	48	294	23	...	...	...	...	21	...	923	...	...	...	...	...	30
Khulna . . .	77 {	...	...	...	...	39	...	4	...	4	26	2	...	...	...	...	2	...	93	...	...	...	...	...	4
Jessore . . .	399 {	...	...	...	...	129	1	9	12	24	104	23	...	...	...	16	25	...	436	...	...	...	...	...	22
Baraset . . .	124 {	...	...	...	...	64	...	2	...	3	75	14	...	...	...	...	11	...	217	1	...	...	...	...	7
Presidency, Central (Europeans)	33 {	...	...	...	...	13	...	...	...	3	3	4	...	...	...	1	2	...	40	...	...	...	...	...	1
Presidency, Central (Natives)	1,179 {	...	...	...	...	239	...	13	15	37	161	172	...	...	1	6	40	...	869	...	...	...	...	...	32
Alipore, Central . . .	1,790 {	...	...	...	...	479	...	29	5	67	262	125	...	...	...	20	46	...	1,368	...	...	...	...	...	93
„ Juvenile . . .	182 {	...	...	...	...	104	...	...	2	8	55	72	...	...	...	1	11	1	367	...	1	...	...	...	7
Howrah . . .	79 {	...	...	5	...	6	7	4	...	3	6	5	...	...	...	...	...	...	45	...	...	...	...	...	1
Hooghly . . .	335 {	...	...	...	...	69	...	4	4	6	22	63	...	...	...	4	25	...	334	...	...	1	...	...	13
Burdwan . . .	226 {	...	...	...	...	79	...	1	...	3	49	10	...	...	...	2	25	...	256	...	...	...	1	...	10
Krishnagar . . .	219 {	...	...	...	8	173	...	3	1	16	8	23	...	...	...	34	24	...	535	...	10	...	...	7	37
Faridpur . . .	333 {	3	1	...	5	83	...	3	6	13	22	17	...	...	...	3	19	...	245	...	3	...	...	...	8
Pabna . . .	202 {	...	...	...	...	27	...	1	5	1	15	5	...	...	...	...	3	...	66	...	...	...	...	...	3
Murshidabad . . .	310 {	...	...	...	...	75	...	3	...	7	5	2	...	...	...	4	19	...	188	...	...	1	...	...	10
Rajshahi, Central . . .	874 {	...	...	...	1	74	...	18	11	9	91	...	1	...	1	6	11	...	318	...	...	...	...	...	30
Bogra . . .	168 {	...	...	...	...	48	...	1	3	2	47	4	...	...	...	4	1	...	125	...	...	...	...	...	5
Malda . . .	150 {	...	...	1	...	9	44	4	3	4	28	28	...	...	...	8	12	...	182	...	...	...	...	...	5
Dinajpur . . .	306 {	...	...	...	...	61	...	1	4	9	19	100	...	...	1	11	20	...	292	...	...	...	...	...	8



# PRISONERS, 1909.

## TABLE XLIII—continued.

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.										Average number constantly sick.			
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of uncertain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbricoides.		Dracunculus Medinensis.	Strongylus dentalis.	Other Entozoa.
Rangpur . . .	233 {	...	...	...	...	51	...	2	1	7	60	13	1	...	4	13	...	200	...	...	...	...	...	8	
Jalpaiguri . . .	115 {	...	...	...	...	3	...	3	2	...	5	2	...	...	2	3	...	40	...	...	...	...	...	3	
Purneah . . .	318 {	...	...	2	...	67	...	...	...	2	12	23	...	...	8	7	...	176	...	...	...	...	...	10	
Naya Dumka . . .	140 {	...	...	...	...	40	...	...	3	2	25	3	...	...	3	13	...	120	...	...	...	...	...	3	
Suri . . .	268 {	15	...	5	...	101	6	3	2	10	16	13	...	...	6	20	...	346	...	...	...	...	...	9	
Bankura . . .	227 {	...	...	...	...	42	...	3	1	32	12	9	...	...	1	7	...	128	2	...	...	...	...	8	
Midnapore, Central .	973 {	...	...	3	...	213	...	8	36	44	133	66	...	...	5	150	...	1,056	4	...	...	...	...	44	
Balasore . . .	169 {	...	...	...	...	43	...	2	2	7	28	11	...	...	1	24	...	160	...	...	...	...	...	5	
Cuttack . . .	319 {	...	...	...	1	42	...	2	6	11	39	20	...	...	...	15	...	216	...	...	...	...	...	11	
Puri . . .	155 {	...	...	...	...	14	...	...	...	...	7	2	...	...	1	3	...	34	...	...	...	...	...	1	
Angul . . .	84 {	...	...	...	...	14	...	1	2	3	6	6	...	...	1	12	...	80	...	...	...	...	1	3	
GROUP IV.— BENGAL AND ORISSA.	13,271 {	41	14	18	18	2,957	105	145	181	435	2,337	1,019	2	...	3	202	740	1	11,593	9	14	1	1	9	542
Chaibassa A . . .	171 {	...	...	...	...	9	27	...	2	7	17	13	...	...	1	15	1	159	...	...	...	...	...	4	
Purulia . . .	173 {	...	...	1	...	52	...	...	2	5	14	27	...	...	1	3	13	162	...	...	...	...	...	3	
Ranchi . . .	199 {	...	...	...	...	37	...	3	2	3	53	14	...	...	1	3	...	143	...	...	1	...	...	8	
Palamau . . .	144 {	...	...	...	...	64	...	1	6	1	18	12	...	...	3	8	1	141	...	...	...	...	...	5	
Hazaribagh, Central.	1,076 {	...	...	12	...	343	...	18	1	40	495	101	...	...	8	71	...	1,546	...	6	...	...	...	58	
Gaya B . . .	558 {	...	1	...	2	95	...	4	9	4	61	24	...	...	4	41	...	356	...	...	...	...	...	17	
Bhagalpur, Central .	1,916 {	...	...	1	...	310	...	31	15	41	190	218	...	...	7	101	...	1,380	1	...	...	...	...	65	
Monghyr . . .	402 {	...	1	2	...	265	...	22	1	14	73	98	...	...	8	30	...	808	16	49	...	52	38	25	
Darbhanga . . .	370 {	...	...	2	...	49	...	10	4	17	28	107	...	...	...	18	...	320	...	...	...	...	4	18	
Champaran . . .	371 {	...	...	...	...	37	1	1	3	6	72	5	...	...	1	15	...	168	...	...	...	...	...	5	
Muzaffarpur . . .	417 {	...	1	2	...	65	...	2	1	20	55	12	...	...	6	16	...	234	...	...	...	...	...	13	
Patna . . .	460 {	...	...	...	...	90	2	1	2	11	46	21	...	...	3	15	...	268	...	...	...	2	...	15	
Arrah . . .	289 {	...	...	...	...	40	...	...	4	1	50	12	...	...	...	2	...	135	...	...	...	...	...	4	
Chapra . . .	292 {	...	...	...	...	56	...	1	...	1	20	6	...	...	4	7	...	123	...	...	...	...	...	5	
Buxar, Central . . .	1,294 {	...	...	...	...	717	...	17	11	40	137	85	...	...	6	71	...	1,372	8	2	...	4	2	57	
Korantadih . . .	53 {	...	...	...	...	6	...	...	...	...	...	...	...	...	...	4	...	18	...	...	...	...	...	1	
Ghazipur . . .	405 {	...	...	...	...	128	...	1	11	26	23	7	...	...	16	40	2	311	...	...	...	...	...	23	
Azamgarh . . .	321 {	...	...	2	...	45	...	...	3	8	32	4	1	...	1	28	...	161	...	...	...	...	...	...	
Gorakhpur . . .	514 {	...	...	...	...	86	...	6	8	8	43	12	...	...	16	43	...	342	...	...	...	...	...	22	
Basti . . .	327 {	...	...	...	...	25	...	7	16	16	4	5	...	...	4	42	...	185	...	...	...	...	...	8	
Fyzabad . . .	438 {	...	...	...	...	34	...	...	3	4	5	14	...	...	2	46	...	193	...	...	...	...	...	11	
Sultanpur . . .	263 {	...	...	...	...	89	...	31	1	8	1	1	...	1	...	27	...	206	1	...	...	...	...	7	



JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.												2. DEATHS.										Average number constantly sick.	
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of un- certain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Ab- cess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascari lumbrici- oides.	Dracunculus Medinensis.	Strongylus duo- denalis.		Other Entozoa.
Rai Bareilly . . .	437 {	..	..	..	..	41	..	2	2	4	7	4	..	..	2	52	..	185	..	..	..	..	..	11	
Partabgarh . . .	233 {	..	..	..	..	40	..	..	9	5	7	1	..	1	..	14	..	108	..	..	..	..	..	5	
Jaunpur . . .	235 {	..	..	..	..	23	..	..	..	1	5	5	..	..	2	14	..	73	..	..	..	..	..	3	
Benares, Central . . .	1,788 {	..	..	2	..	272	..	6	6	7	43	31	..	..	2	96	..	698	..	..	..	..	..	41	
„ District . . .	376 {	..	..	1	..	42	..	..	2	..	12	6	..	..	4	39	..	169	..	..	..	..	..	9	
Mirzapur . . .	196 {	..	..	1	..	3	..	2	5	1	6	..	..	..	..	11	..	50	..	..	..	..	..	2	
Allahabad, Central . . .	1,401 {	..	..	..	..	105	81	9	10	16	43	18	..	..	2	132	..	603	1	..	..	..	..	37	
„ District . . .	588 {	..	1	..	..	49	..	5	16	27	25	11	..	..	5	54	..	339	6	..	..	..	..	21	
Karwi . . .	36 {	..	3	..	..	20	..	..	1	2	..	2	..	..	..	4	..	45	..	..	..	..	..	1	
Banda . . .	185 {	..	..	..	..	128	..	..	5	10	6	2	..	..	..	22	..	273	..	..	..	..	..	9	
Fatehpur . . .	250 {	..	..	2	..	62	17	5	20	20	4	15	..	..	5	33	..	242	..	..	..	..	..	8	
Hamirpur . . .	94 {	3	..	1	..	29	..	3	13	5	3	..	..	..	..	4	..	81	..	..	..	..	..	3	
Orai . . .	147 {	1	..	..	..	19	3	1	2	11	4	3	..	..	2	14	..	81	..	..	..	..	..	3	
Cawnpore . . .	409 {	..	..	..	..	133	..	..	9	6	38	17	..	..	6	32	..	386	5	..	..	..	..	15	
Unao . . .	305 {	..	..	..	..	38	..	1	1	..	16	5	..	..	..	17	..	110	..	..	..	..	..	4	
Lucknow, Central . . .	1,735 {	..	33	1	..	90	..	11	2	2	77	26	1	..	..	53	..	360	2	..	..	..	..	31	
„ District . . .	594 {	..	4	..	..	65	..	8	9	3	15	9	..	..	..	47	..	239	..	..	..	..	..	11	
Barabanki . . .	371 {	..	2	..	..	98	..	2	15	..	36	17	..	..	2	31	..	246	..	..	..	..	..	9	
Gonda . . .	15 {	..	..	..	..	73	..	5	9	5	24	9	..	2	4	6	..	205	..	..	..	..	..	9	
Bahraich . . .	363 {	..	..	5	..	125	..	4	6	9	22	42	..	..	12	36	..	368	..	..	..	..	..	18	
Kheri . . .	300 {	..	..	..	..	32	..	3	7	5	3	3	..	..	7	28	..	125	..	..	..	..	..	5	
Sitapur . . .	729 {	14	..	..	..	95	..	4	4	22	42	12	..	..	3	52	..	385	..	..	..	..	..	11	
Hardoi . . .	396 {	..	..	..	..	126	..	..	..	2	..	6	..	..	11	36	..	247	..	..	..	..	..	7	
Etawah . . .	282 {	..	..	..	..	44	..	1	27	24	33	..	..	..	..	17	..	202	1	..	..	..	..	8	
Mainpuri . . .	332 {	9	..	..	18	139	46	1	15	8	23	9	..	..	1	38	..	368	..	..	..	..	..	16	
Etah . . .	293 {	..	..	..	..	70	..	3	16	15	3	3	..	..	9	30	..	193	..	..	..	..	..	11	
Fatehgarh, Central . . .	1,861 {	..	..	..	..	94	..	25	47	32	23	8	..	..	1	92	..	517	..	..	..	..	..	32	
„ District . . .	294 {	..	..	..	..	50	..	..	7	4	17	9	..	..	2	14	..	146	..	..	..	..	..	4	
GROUP V.— GANGETIC PLAIN AND CHUTIA NAGPUR.	25,201 {	27	46	21	34	4,747	177	257	370	536	1,974	1,071	2	2	3	176	1,674	4	15,775	41	57	1	58	44	724
A Shahjahanpur . . .	333 {	..	..	..	..	234	..	..	8	8	28	9	1	..	1	27	..	406	..	..	..	..	..	16	
Pilibhit . . .	48 {	..	..	..	..	1	..	..	1	1	3	..	..	..	..	2	..	11	..	..	..	..	..	..	
Bareilly, Central . . .	1,943 {	..	..	..	..	1,157	..	51	52	20	82	73	..	..	47	49	..	1,649	1	..	..	..	..	112	



# PRISONERS, 1909.

## TABLE XLIII—continued.

ACTUALS of FAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.												2. DEATHS.										Average number constantly sick.	
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of un- certain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbrico- ides.	Dracunculus Medinensis.	Strongylus duo- denalis.		Other Entozoa.
Bareilly, District .	632 {	5	...	...	1	162	...	8	53	9	26	3	...	...	2	61	3	428	...	...	...	...	...	...	15
Ditto, Juvenile .	119 {	...	...	...	...	57	...	1	3	...	5	2	...	...	...	3	...	86	...	...	...	...	...	...	4
Budaun . . .	374 {	...	...	...	...	313	...	2	11	2	14	8	...	...	3	47	...	471	...	...	...	...	...	...	11
Aligarh . . .	331 {	...	...	...	...	47	...	2	6	11	12	7	...	...	1	24	...	185	...	...	...	...	...	...	8
Bulandshahr . .	235 {	1	...	...	...	108	...	3	4	3	23	15	...	...	1	31	...	277	...	...	...	...	...	...	9
Moradabad . . .	380 {	...	...	...	...	84	...	3	12	9	34	7	...	...	3	57	...	269	...	...	...	...	...	...	9
Bijnor . . . . .	284 {	...	...	...	1	42	...	...	3	4	5	3	...	...	2	40	...	133	...	...	...	...	...	...	4
Dehra Dun. . . .	95 {	...	...	...	...	38	1	1	6	...	3	5	...	...	1	5	...	70	...	...	...	...	...	...	4
Saharanpur . . .	323 {	...	...	...	...	77	...	3	16	16	47	21	...	...	6	45	...	283	...	...	...	...	...	...	15
Muzaffarnagar .	190 {	...	...	...	...	109	...	...	9	11	9	4	...	...	8	53	...	293	...	...	...	...	...	...	7
Meerut . . . . .	580 {	9	...	...	...	63	...	4	30	17	19	11	...	...	...	34	...	245	...	...	...	...	...	...	9
Delhi . . . . .	506 {	...	...	...	...	147	...	9	17	4	23	24	...	2	12	70	...	374	...	...	...	...	...	...	16
Rohtak . . . . .	148 {	...	...	...	...	69	1	1	...	2	10	12	...	...	1	42	...	241	...	...	...	...	...	...	6
Hissar . . . . .	153 {	...	...	...	1	1	...	3	6	5	5	6	...	...	4	22	...	104	1	...	3	...	...	...	7
Karnal . . . . .	137 {	...	...	...	...	70	...	3	19	13	9	8	...	...	1	18	...	174	...	...	...	...	...	...	3
Ambala . . . . .	642 {	...	...	...	...	117	13	8	13	15	26	21	...	1	6	87	...	442	...	...	...	...	...	...	17
Ludhiana B . . .	213 {	...	...	...	...	6	...	1	6	3	3	...	...	...	...	6	...	42	...	...	...	...	...	...	2
Hoshiarpur . . .	67 {	...	...	...	...	15	...	...	...	...	5	2	...	...	...	8	...	47	...	...	...	...	...	...	1
Jullundur . . . .	284 {	...	...	...	...	18	...	1	3	1	19	3	...	...	4	45	...	160	...	...	...	...	...	...	5
Ferozepore . . .	393 {	...	...	...	...	46	49	3	18	12	20	12	...	...	9	64	...	313	3	...	1	...	...	...	12
Amritsar . . . .	125 {	...	...	...	...	61	...	1	4	2	9	4	...	...	1	17	...	151	...	...	...	...	...	...	4
Lahore, Central .	1,494 {	...	2	...	...	89	1	27	52	39	42	47	...	7	53	162	...	762	1	...	2	...	...	...	42
„ District . . .	430 {	...	...	...	...	29	...	6	17	14	21	15	...	7	4	44	...	271	...	...	...	...	...	...	10
„ Female . . . .	154 {	...	...	...	...	16	2	1	2	8	3	9	...	4	5	8	...	93	...	...	...	...	...	...	5
Gurdaspur . . . .	148 {	...	...	...	...	24	...	...	1	5	3	3	...	...	...	1	...	65	...	...	...	...	...	...	3
Gujranwala . . .	302 {	1	...	...	...	57	...	1	10	9	3	14	...	...	...	33	...	202	1	...	...	...	...	...	5
Sialkot . . . . .	318 {	...	...	...	...	100	...	4	1	5	30	21	...	...	21	52	...	303	...	...	...	...	...	...	13
Gujrat . . . . .	149 {	...	...	...	...	40	...	...	...	3	9	7	...	...	...	21	...	125	...	...	...	...	...	...	2
Jhelum . . . . .	208 {	...	...	...	...	77	...	2	8	5	16	27	...	...	4	20	...	208	...	...	2	...	...	...	5
Rawalpindi . . .	701 {	...	...	2	...	83	...	7	11	16	25	18	...	...	14	42	...	293	1	...	3	...	...	...	12
Campbellpore. . .	160 {	...	...	...	...	19	...	1	...	1	7	2	...	...	3	10	...	80	...	...	3	...	...	...	3
GROUP VI.— UPPER SUB- HIMALAYA.	12,599 {	17	2	2	3	3,576	67	157	402	273	598	423	1	20	1	217	1,250	3	9,251	8	1	14	...	1	396



JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.										Average number constantly sick.					
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of uncer- tain origin	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debi- lity.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbrici- oides.		Dracunculus Medinensis.	Strongylus duo- denalis.	Other Entozoa.		
A																											
Peshawar . . .	611 {	...	...	...	...	508 2	...	5 2	21 3	31 1	84 2	...	...	...	3	10	68	...	846 16	...	...	...	...	...	20		
Kohat . . .	111 {	...	...	...	...	13	...	...	7 1	1	...	...	...	...	...	1	4	...	40 1	...	...	1	...	...	1		
Bannu . . .	150 {	...	...	...	...	20	...	1	1 1	3 1	12	4	...	...	...	...	17	...	97 4	...	...	7	...	...	4		
Shahpur . . .	177 {	...	...	...	...	75	...	1 1	1	3	12	48	...	...	...	3	48	...	268 1	...	...	5	...	...	5		
Mianwali . . .	194 {	...	...	...	...	6	3	...	1 1	4	3	8	...	...	...	1	18	...	82 2	1	...	5	...	...	4		
Lyallpur . . .	240 {	...	...	...	...	14	...	1	3	...	...	...	...	...	...	...	9	...	33	...	...	...	...	...	1		
Jhang . . .	187 {	...	...	...	...	91	1	...	6	2	17	8	...	...	...	2	6	...	160 4	...	...	...	...	...	2		
Montgomery, Central.	1,961 {	8	...	...	...	207	...	61 20	25 7	87 1	70 6	36	...	1	2	23 3	149	...	915 53	2	...	3	...	...	76		
Mooltan, Central .	1,089 {	33	...	1	...	75	10	25 11	24 9	38 4	21 1	31 8	...	13	...	49	149	...	679 41	1	...	5	...	2	37		
„ District .	711 {	...	...	4	...	46	...	10 2	24 4	36 1	31 4	34 2	...	...	...	18	22	...	385 23	...	...	...	...	...	22		
Dera Ismail Khan .	381 {	...	...	3	...	141	...	7 2	4 1	3	38 1	10	...	5	...	3	61	...	357 7	...	...	6	...	...	10		
Dera Ghazi Khan .	223 {	...	...	...	...	8	4	...	3 2	5	6	14	...	...	2	2	18	...	88 3	...	...	...	...	...	3		
B																											
Sibi . . .	55 {	...	...	...	...	20	...	...	1	...	5	3	...	...	...	...	10	...	54	...	...	1	...	...	1		
C																											
Sukkur . . .	393 {	...	...	...	...	29 3	...	1	12 2	8	7	...	...	...	1	1	6	...	88 12	...	...	...	...	...	4		
Sind Gang . . .	432 {	...	...	...	...	104	...	...	18 8	24	16 2	26	...	...	4	2	41	...	348 11	...	...	...	...	...	11		
Hyderabad, Central .	642 {	...	...	...	...	130	2	3 2	29 2	21	53 4	14	...	2	...	13	18	...	422 14	1	...	1	...	...	22		
Karachi . . .	371 {	...	...	...	...	21	...	3 1	2 1	7	32 1	5	...	...	8	16	32	...	220 7	...	...	1	...	...	12		
GROUP VII.— N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA.																											
	7,928 {	41	...	4	4	1,508 5	20 1	118 41	182 42	273 5	407 21	241 11	...	21	22	144 3	679	...	5,082 199	5	...	35	...	2	235		
A																											
Rajkot . . .	78 {	...	...	...	...	7	4	...	1	1	2	8	...	...	...	...	4	...	35	...	...	...	...	...	1		
Ahmedabad, Central.	920 {	...	...	...	...	46 4	...	1	12 2	23 2	20 4	20 4	...	...	...	20 2	20	1	280 22	1	...	7	...	...	17		
B																											
Ajmer . . .	340 {	...	...	...	...	65	...	...	6 4	3 1	9	4	...	1 1	...	...	18	...	175 7	...	...	4	...	...	6		
Muttra . . .	227 {	...	...	...	...	118 1	...	2 2	4 3	11	13	21	...	...	...	5	47	...	323 7	...	...	...	...	...	13		
Agra, Central . . .	1,974 {	...	...	...	...	300	...	28 10	23 8	43 1	48 3	25 3	...	...	...	1 1	57	...	917 34	...	...	...	...	...	56		
„ District .	492 {	...	...	...	...	24	...	4 1	19 5	5	5	11	...	...	...	1	35	...	175 7	...	...	...	...	...	10		
Jhansi . . .	214 {	...	...	...	...	30	...	3 1	13 3	7	8	9	...	...	...	...	4	...	147 7	...	...	...	...	...	5		
Lalitpur . . .	54 {	...	...	...	...	3 1	...	...	...	1	2 1	...	...	...	...	1 1	...	...	9 3	...	...	...	...	...	1		
GROUP VIII.— S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT.																											
	4,299 {	...	...	...	...	593 6	4	38 14	78 25	94 4	107 8	98 7	...	1 1	...	28 4	185	1	2,061 87	1	...	11	...	...	109		

TABLE XLIII—continued.

ACTUALS of FAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.														2. DEATHS.										Average number constantly sick.	
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of uncer- tain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbrici- coides.	Dracunculus Medinensis.	Strongylus duo- denalis.	Other Entozoa.			
A																											
Damoh . . . . .	69 {	...	...	...	...	13	...	1	1	...	2	22	...	...	...	...	8	...	69	...	...	5	...	...	...	2	
Sauger . . . . .	125 {	...	...	...	...	25	3	...	...	5	26	6	...	...	...	3	13	...	109	...	...	...	...	...	...	4	
Jubbulpore, Central .	1,008 {	8	...	...	...	43	1	2	6	15	1	8	...	...	...	2	46	...	236	...	...	4	...	...	...	8	
Narsinghpur . . . . .	95 {	...	...	...	...	1	...	...	...	1	1	1	...	...	...	2	...	...	11	...	...	1	...	...	...	1	
Mandla . . . . .	75 {	...	...	...	...	6	...	...	...	2	2	4	...	...	...	1	13	...	48	...	...	...	...	...	...	1	
Bilaspur . . . . .	100 {	...	...	...	...	7	...	...	...	...	13	...	...	...	...	2	8	...	54	...	...	...	...	...	...	2	
Sambalpur . . . . .	183 {	...	...	2	...	43	1	2	1	10	32	7	...	...	...	...	14	...	140	...	...	...	...	...	...	5	
Raipur, Central . . . . .	609 {	...	...	1	...	138	...	2	2	1	49	28	...	3	...	7	45	...	513	...	...	...	...	...	...	20	
Balaghat . . . . .	53 {	...	...	...	...	1	...	...	...	...	...	2	...	...	...	...	3	...	14	...	...	...	...	...	...	1	
Seoni . . . . .	63 {	...	...	...	...	...	...	2	6	...	5	1	...	...	...	1	1	...	32	...	...	...	...	...	...	1	
Chhindwara . . . . .	60 {	...	...	...	...	3	...	...	...	1	3	3	...	...	...	2	6	...	42	...	...	1	...	...	...	2	
Hoshangabad . . . . .	72 {	...	...	...	...	19	...	...	1	...	4	6	...	...	...	1	3	...	48	...	...	...	...	...	...	1	
Nimar . . . . .	68 {	...	...	...	...	7	...	...	...	1	2	12	...	...	...	...	5	...	51	...	...	1	...	...	...	2	
Betul . . . . .	67 {	...	...	...	...	4	...	...	...	...	1	3	...	...	...	...	6	...	20	...	...	...	...	...	...	1	
Nagpur, Central . . . . .	1,131 {	...	...	...	...	352	...	8	7	8	9	43	...	1	...	16	102	...	793	1	2	8	...	...	...	23	
Bhandara . . . . .	58 {	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	
Wardha . . . . .	50 {	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	6	...	...	...	...	...	...	...	
Chanda . . . . .	63 {	...	...	...	...	10	...	1	2	1	4	...	...	...	...	...	1	...	21	...	...	...	...	...	...	1	
B																											
Secunderabad . . . . .	76 {	...	...	...	...	12	2	...	...	1	4	...	...	...	...	2	2	...	74	...	...	...	...	...	...	2	
Yeotmal . . . . .	96 {	...	...	...	...	11	...	1	1	...	...	3	...	...	...	...	1	...	25	...	...	...	...	...	...	1	
Amraoti . . . . .	207 {	...	...	...	...	7	4	...	3	10	4	2	...	...	...	...	7	...	72	...	...	...	...	...	...	3	
Akola . . . . .	164 {	...	...	...	...	3	1	2	1	...	1	3	...	...	...	...	4	...	30	...	...	...	...	...	...	1	
Buldana . . . . .	64 {	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	3	...	10	...	...	...	...	...	...	...	
Dhulia . . . . .	372 {	...	...	...	...	23	...	1	5	5	13	3	...	...	1	2	7	...	121	...	...	...	...	...	...	4	
Yerrowda, Central . . . . .	1,514 {	...	...	1	...	244	...	7	1	38	48	38	...	...	1	28	209	...	1,247	5	2	63	...	1	...	84	
Bijapur . . . . .	313 {	...	...	...	...	100	8	2	25	20	15	20	...	...	...	...	15	...	307	...	...	20	...	...	...	6	
Deccan Gang . . . . .	600 {	...	...	...	...	103	...	1	4	18	21	45	...	...	...	5	202	...	597	...	...	12	...	...	...	19	
Dharwar . . . . .	414 {	...	...	...	...	28	...	...	...	4	19	27	...	...	1	1	14	...	191	1	1	17	...	...	...	5	
GROUP IX.— DECCAN . . . . .	7,769 {	8	...	3	4	1,203	20	30	40	148	279	289	...	4	3	76	738	...	4,887	7	5	141	...	...	...	200	



JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.														2. DEATHS.										Average number constantly sick.
		Influenza.	Cholera.	Small-pox.	Enteric fever.	Malaria.	Pyrexia of uncertain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbricoides.	Dracunculus Medicinensis.	Strongylus duodenalis.	Other Entozoa.		
Thana . . .	598 {	...	...	...	...	64	2	1	3	16	8	37	1	...	...	4	16	...	248	...	...	26	...	...	11	
Bombay, Common .	401 {	...	...	...	...	18	...	6	10	12	12	12	...	...	7	12	1	141	...	...	3	...	...	6		
Bombay, House of Correction. }	208 {	...	...	...	...	6	...	1	...	10	9	...	...	...	1	...	...	48	...	...	...	...	...	2		
Ratnagiri . . .	102 {	...	...	...	...	7	2	1	...	4	3	2	...	...	...	1	...	33	...	...	3	...	...	1		
Karwar . . .	162 {	...	...	...	...	6	5	...	...	2	10	3	...	...	...	6	...	67	...	7	1	...	...	4		
Cannanore, Central .	914 {	...	...	...	...	65	78	6	3	34	83	22	...	...	36	51	...	706	...	...	...	...	...	28		
GROUP X.—WESTERN COAST. }	2,385 {	...	...	...	...	166	87	15	16	78	125	76	1	...	...	48	86	1	1,243	...	7	33	...	...	52	
A																										
Bellary, Central .	740 {	...	...	2	...	68	3	15	2	10	24	...	...	...	9	22	...	315	...	1	33	...	...	21		
Salem, Central .	715 {	...	...	...	...	49	26	6	6	17	38	...	...	...	...	12	...	274	...	...	13	...	...	12		
Coimbatore, Central	1,201 {	...	50	...	...	9	28	3	5	9	187	18	...	...	9	14	...	426	...	1	29	2	...	13		
B																										
Palamcottah . . .	426 {	...	...	...	...	11	5	3	1	3	9	6	...	...	10	15	...	130	...	1	3	...	...	10		
Madura . . .	474 {	...	1	...	...	10	5	6	1	9	5	...	...	...	5	15	...	171	...	1	10	2	...	12		
Trichinopoly, Central	1,208 {	...	...	...	...	202	...	35	3	22	124	...	1	...	22	41	...	785	4	1	28	3	4	38		
Tanjore . . .	360 {	...	...	1	...	1	2	2	1	3	4	2	...	...	...	7	...	44	...	...	1	...	...	4		
Cuddalore . . .	429 {	...	...	2	...	15	18	1	...	8	31	6	...	...	4	4	...	126	...	...	4	...	...	6		
Vellore, Central .	1,387 {	...	...	...	...	19	127	6	17	63	65	17	...	...	42	101	...	755	8	4	23	...	5	44		
Madras, Civil .	37 {	...	...	1	...	...	...	3	...	...	2	...	...	...	...	...	...	15	...	...	...	...	...	1		
Madras Penitentiary, Central. }	956 {	8	...	3	...	24	10	12	7	28	1	1	...	...	13	25	...	278	...	3	3	...	1	11		
C																										
Rajahmundry, Central	1,044 {	...	...	2	...	68	50	6	11	40	70	...	...	...	41	52	...	623	...	...	21	...	...	42		
Vizagapatam . . .	732 {	...	...	...	...	324	...	5	28	27	81	10	...	...	10	14	...	602	6	...	1	4	2	27		
Berhampur . . .	192 {	...	...	...	...	11	...	...	2	...	22	1	...	...	23	1	...	121	...	...	...	...	...	5		
GROUP XI.—SOUTHERN INDIA. }	9,901 {	8	90	1	10	811	274	103	84	239	663	61	1	...	1	188	323	...	4,665	18	12	169	11	13	246	



# PRISONERS, 1909.

## TABLE XLIII—concluded.

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS, GROUPS, AND ADMINISTRATIONS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS										ALL CAUSES.	Taenia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	Average number constantly sick.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Malaria.	Pyrexia of uncertain origin.	Tubercle of the lungs.	Pneumonia.	Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough and Gangrene.										
Aijal . . . . .	18	...	...	...	...	14	3	...	1	3	4	4	...	...	...	1	...	...	43	...	...	...	...	...	...	1		
Kohima . . . . .	25	...	...	...	...	7	...	...	...	1	2	...	...	...	...	...	2	...	15	...	...	...	...	...	...	...		
Shillong . . . . .	50	...	...	...	...	20	...	...	2	1	32	12	...	...	...	...	2	...	77	...	...	...	...	...	...	3		
Darjeeling . . . . .	114	...	...	1	1	73	...	3	5	11	15	26	...	...	...	3	5	...	170	1	...	...	...	...	...	7		
Almora . . . . .	71	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	11	...	...	...	...	...	...	...		
Pauri . . . . .	14	...	...	...	...	3	...	...	2	...	4	1	...	1	...	...	...	...	11	...	...	...	...	...	...	1		
Naini Tal . . . . .	38	...	...	...	...	31	...	...	1	3	4	18	...	...	...	1	3	...	74	...	...	...	...	...	...	2		
Simla . . . . .	12	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...		
Abbottabad . . . . .	101	...	...	...	...	1	...	...	...	3	...	4	...	...	...	...	11	...	43	...	...	...	...	...	...	1		
Quetta . . . . .	53	...	...	...	...	39	...	...	1	2	8	...	...	3	1	2	17	...	130	...	...	...	...	...	...	2		
Mercara . . . . .	88	...	...	...	...	18	...	...	6	1	2	1	...	...	...	...	9	...	66	...	...	...	...	...	...	2		
GROUP XII.—HILLS . . . . .	584	...	...	1	1	206	3	3	19	25	72	66	...	4	1	7	52	...	642	1	...	...	...	...	...	19		
EXTRA INDIA—Aden . . . . .	71	...	...	...	...	4	...	...	...	...	2	1	...	...	...	...	1	...	11	...	...	...	...	...	...	1		
INDIA (a)†	99,104	8	149	201	50	86	17,082	27	218	113	170	300	71	...	4	9	93	231	2,526	...	1	6	...	1	...	2,788		
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	61,235	90	99	405	83	72	...			
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2,265	2	...	...	2	1	...			
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	25	...	...	...	...	...	...			
BURMA . . . . .	13,680	...	4	...	11	486	312	110	30	170	280	168	...	1	...	43	752	1	4,240	1	3	...	10	2	...	216		
EASTERN BENGAL AND ASSAM . . . . .	7,173	33	16	4	10	1,778	96	60	113	188	1,436	676	2	...	6	125	335	...	6,449	...	3	...	3	...	...	263		
BENGAL . . . . .	16,036	15	3	23	26	4,390	45	207	160	524	2,430	1,456	...	...	2	172	926	3	14,689	35	68	2	59	53	...	645		
UNITED PROVINCES . . . . .	26,020	42	43	13	22	5,519	148	261	583	506	1,040	569	3	3	2	205	1,873	5	14,928	17	...	...	...	...	...	733		
PUNJAB . . . . .	11,526	43	2	6	2	1,606	84	177	276	337	448	434	...	34	5	240	1,191	...	7,062	10	1	32	...	3	...	323		
N.-W. FRONTIER PROVINCE . . . . .	1,354	...	...	...	3	683	...	13	33	41	134	18	...	5	3	14	164	...	1,383	...	...	14	...	...	...	36		
CENTRAL PROVINCES . . . . .	4,297	8	...	2	2	650	9	17	27	52	127	149	...	4	...	38	275	...	2,210	1	2	20	...	...	...	75		
BOMBAY . . . . .	7,591	...	...	1	...	940	23	28	66	213	200	261	1	2	18	100	604	2	4,404	8	10	163	...	1	...	210		
MADRAS . . . . .	10,815	8	90	1	10	876	352	109	87	273	746	83	1	...	1	224	374	...	5,371	18	12	169	11	13	...	274		
ANDAMANS . . . . .	13,145	3	...	...	...	14,136	707	110	239	743	1,964	333	2	...	20	...	815	3	23,152	10	...	...	20	...	...	1,234		
INDIA (b)††	112,249	8	152	201	50	92	31,218	27	335	117	226	408	84	...	4	11	93	308	3,512	...	1	6	7	1	...	4,022		
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	84,387	101	99	405	103	72	...			
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2,809	2	...	...	10	1	...			
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	55	...	...	...	...	...	...			

\* Remaining + admitted = total treated; Remaining + admitted + died out of hospital = total cases.

† Including Ajmer, Sibi, Quetta, Secunderabad, and Mercara. and excluding Andamans.

†† Including Ajmer, Sibi, Quetta, Secunderabad, Mercara and Andamans.

(a) Including the subsidiary jails, the total figures are:—Average strength, 105,019. Average constantly sick, 2,871. Number of deaths, 2,350. Number of admissions, 65,014.

(b) Including the subsidiary jails, the total figures are:—Average strength, 118,164. Average constantly sick, 4,105. Number of deaths, 2,894. Number of admissions 89,066.



GEOGRAPHICAL GROUPS.	1. AVERAGE STRENGTH.						2. CONSTANTLY SICK.						Average for the year.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
GROUP I.—BURMA COAST AND BAY ISLANDS.	9,145 143	9,083 157	9,080 156	9,295 164	9,565 158	9,765 165	9,789 161	9,764 167	9,758 194	9,720 175	9,805 175	9,817 166	9,552 163
GROUP II.—BURMA INLAND .	4,209 45	4,181 47	4,165 47	4,128 42	4,077 41	4,154 50	4,084 68	4,082 68	4,140 56	4,124 64	4,114 63	4,088 52	4,128 53
GROUP III.—ASSAM . . .	1,305 38	1,321 32	1,378 40	1,405 49	1,363 54	1,344 59	1,360 60	1,439 47	1,473 49	1,528 54	1,550 41	1,516 43	1,416 48
GROUP IV.—BENGAL AND ORISSA .	12,856 504	12,830 519	12,844 547	12,990 532	13,079 508	13,399 482	13,638 534	13,831 584	13,884 555	13,638 577	13,152 573	13,078 579	13,271 542
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	24,976 725	24,746 748	24,868 763	25,075 827	25,430 766	25,765 720	25,609 715	25,654 779	25,710 701	25,480 714	24,777 625	24,326 573	25,201 724
GROUP VI.—UPPER SUB-HIMALAYA .	12,293 399	12,238 361	12,252 340	12,406 360	12,507 418	12,762 407	12,822 403	12,994 467	13,108 458	12,835 411	12,563 348	12,382 346	12,599 396
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJ-PUTANA.	7,770 266	7,673 265	7,611 230	7,574 212	7,510 211	7,660 224	7,850 212	7,805 233	8,067 223	8,457 232	8,531 255	8,597 258	7,928 235
GROUP VIII.—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	4,183 147	4,156 138	4,170 128	4,209 128	4,256 116	4,342 84	4,460 81	4,478 87	4,485 79	4,341 78	4,283 113	4,230 120	4,299 109
GROUP IX.—DECCAN . . .	7,564 214	7,574 208	7,658 201	7,657 187	7,690 176	7,845 191	7,863 212	7,971 215	8,001 211	7,960 213	7,811 202	7,663 189	7,769 200
GROUP X.—WESTERN COAST . .	2,309 43	2,317 46	2,318 42	2,338 44	2,337 52	2,334 64	2,365 67	2,441 59	2,421 40	2,468 46	2,466 58	2,489 60	2,385 52
GROUP XI.—SOUTHERN INDIA .	9,937 237	9,912 236	9,784 242	9,864 228	9,808 243	9,679 262	9,758 282	9,937 265	10,108 246	10,160 230	10,023 248	9,855 236	9,901 246
GROUP XII.—HILLS . . .	539 15	540 16	529 17	535 15	576 17	601 23	598 26	629 25	651 21	625 29	594 22	578 18	584 19
INDIA* . . . . .	97,142 2,776	96,627 2,774	96,721 2,754	97,546 2,789	98,274 2,761	99,733 2,731	1,00,280 2,822	1,01,111 2,998	1,01,876 2,834	1,01,402 2,823	99,734 2,723	98,693 2,641	99,104 2,788

ADMINISTRATIONS.	1. AVERAGE STRENGTH.						2. CONSTANTLY SICK.						Average for the year.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
BURMA . . . . .	13,354 188	13,264 204	13,245 203	13,423 206	13,642 199	13,919 215	13,873 229	13,846 235	13,898 250	13,844 239	13,919 238	13,905 218	13,680 216
EASTERN BENGAL AND ASSAM .	6,830 245	6,808 218	6,939 270	7,044 277	6,986 258	7,166 248	7,275 251	7,480 267	7,571 280	7,459 292	7,244 257	7,255 284	7,173 263
BENGOAL . . . . .	15,872 599	15,863 640	15,911 663	16,089 720	16,277 618	16,516 594	16,582 670	16,470 755	16,340 639	15,995 645	15,402 610	15,100 575	16,036 645
UNITED PROVINCES . . . .	25,661 786	25,354 751	25,315 714	25,552 725	25,964 789	26,432 753	26,257 713	26,467 769	26,772 734	26,678 718	26,028 669	25,675 625	26,020 733
PUNJAB . . . . .	11,353 341	11,241 356	11,265 311	11,268 300	11,246 319	11,358 297	11,539 306	11,607 337	11,786 339	11,918 317	11,851 301	11,828 329	11,526 323
N.-W. F. PROVINCE . . . .	1,304 49	1,280 41	1,244 31	1,223 32	1,235 30	1,280 30	1,428 22	1,458 25	1,462 30	1,426 47	1,455 58	1,451 56	1,354 36
CENTRAL PROVINCES . . . .	7,302 224	7,371 224	7,385 221	7,377 196	7,362 201	7,497 212	7,593 212	7,778 214	7,839 202	7,915 201	7,846 217	7,820 209	7,591 210
BOMBAY . . . . .	4,089 73	4,113 74	4,185 68	4,238 70	4,268 61	4,398 68	4,455 82	4,457 84	4,470 87	4,400 85	4,294 75	4,218 80	4,297 75
MADRAS . . . . .	10,782 258	10,742 258	10,628 261	10,750 251	10,697 271	10,565 301	10,666 325	10,874 297	11,058 265	11,134 255	11,027 281	10,861 269	10,815 274
INDIA† . . . . .	97,142 2,776	96,627 2,774	96,721 2,754	97,546 2,789	98,274 2,761	99,733 2,731	100,280 2,822	1,01,111 2,998	1,01,876 2,834	1,01,402 2,823	99,734 2,723	98,693 2,641	99,104 2,788
ANDAMANS . . . . .	13,424 978	13,381 1,016	13,352 1,025	13,314 1,026	13,244 1,217	13,163 1,334	13,132 1,510	13,065 1,532	13,022 1,482	12,961 1,307	12,877 1,230	12,821 1,153	13,145 1,234
INDIA‡ . . . . .	110,566 3,754	110,008 3,790	110,073 3,779	110,860 3,815	111,518 3,978	112,896 4,065	113,472 4,332	114,176 4,530	114,898 4,316	114,363 4,130	112,611 3,953	111,514 3,794	112,249 4,022

\* Including Aden, and excluding Andamans.

† Including Ajmer, Sibi, Quetta, Secunderabad, and Mercura and excluding Andamans.

‡ Including Andamans.



## TABLE XLIV.

ABSTRACT of the SANITARY SHEETS of the most UNHEALTHY JAILS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

## BURMA.

**Toungoo.**—The civil ward which is also used as a quarantine ward was slightly overcrowded on one or two occasions. In certain of the dormitories the ventilation is not very good. Plans are being prepared for improving it. To prevent the immediate neighbourhood of the buildings being water-logged during heavy rains, some *pucca* drains are required outside the jail. The Inspector-General remarks:—“(1) Improvements to the ventilation of this jail are at a standstill for want of funds. (2) An incinerator was erected during the year for the purpose of disposing of the night-soil.”

**Prome.**—The jail was always overcrowded on account of frequent admissions, but it was relieved once or twice a month by transferring prisoners to a central jail and by using the upper floor wards of a work building as a dormitory for 50 convicts. The ventilation in the cells was not considered sufficient by the Sanitary Commissioner. Improvements will be effected as soon as funds permit. The superintendent remarks that local conditions from seasonal causes affected to some extent, as regards malarial fevers, the health of the prisoners. The jail was not touched by epidemic disease. A large number of prisoners in indifferent and bad health resulting from the opium and liquor habits, malaria and semi-starvation were admitted to the jail. The present latrine is too close to the kitchen.

## EASTERN BENGAL AND ASSAM.

**Gauhati.**—The jail was overcrowded throughout the year. The dormitories are draughty and the factories damp. The site of the jail is low, inadequate and subject to flooding. The drains inside the jail are out of repair and are lower than those outside, so that during the rains they become flooded. Villages, bazaars and low-lying *Bheel* land surround the jail. The sickness and mortality were attributed to the low-lying site and insanitary surroundings. The Inspector-General remarks:—“The question of improved drainage is still hanging fire.”

**Dacca, Central.**—There was overcrowding in the jail throughout the year except for a few days in December. The two upper floors of the old barrack, the six ground floors of the three-storied barracks, the *durree* weaving shed were used as workshops during the day and as sleeping barracks at night. The accommodation in the jail is insufficient for the present population. The drainage outside the jail is bad. The sickness and mortality have, in the superintendent's opinion, been affected by the overcrowding in the jail for the last 3 years. The Inspector-General remarks:—“The health of the jail during the year has been much better than in the year before and this notwithstanding the fact that the health of the free population was much worse than in 1908. Nothing can be done to relieve overcrowding in this jail until the jail at Comilla is enlarged. The question of improving the drainage outside the jail is under consideration.”

**Bakarganj.**—The cane and net bag sheds were used as sleeping barracks to relieve the overcrowding which existed in the jail throughout the year. The single story and the segregation wards used as dormitories are very damp and are about to be dismantled. The jail site is still overcrowded with buildings but this is shortly to be remedied. The climate and soil are very damp for a large part of the year. The most serious defect is the bathing water which is taken from a tidal tank which communicates with a *khal* running through the bazaar and town. The water of this *khal* is always dirty and is polluted by latrines and the discharges from boats. It is said that possibly dysentery and cholera are introduced into the jail by this means. A new water-supply has been sanctioned by Government but funds have not yet been allotted.

## BENGAL.

**Jessore.**—Overcrowding lasted for 5 months and 10 days during the year. There is no separate accommodation in the hospital for cases of infectious disease. At present night-soil from the hospital privies has to be carried through the wards. The smaller drains inside the jail are defective in slope and fall.

**Alipore, Central.**—The overcrowding which lasted for 139 days during the year, was relieved by accommodating the excess number in the oil mill shed during the night. No local condition can specially be pointed out as being prejudicial to health, except perhaps the jute mill. Both the cook houses should be made fly proof.

**Burdwan.**—The under-trial and male convicts' wards were overcrowded for a few days and the female ward for a day only. The arrangement of the dormitory beds is defective, as regards the circulation of air. The roof of the hospital buildings is not in good order. This has been temporarily repaired. The main workshop remains damp during the rainy season, as the plinth is very low. This cannot be remedied without rebuilding. The accommodation in the under-trial ward is not sufficient. The drainage outside and around the jail is bad owing to the low-lying and flat land, which becomes inundated in the rainy season. The surroundings are not good, there being many neglected tanks which together with the land to the north of the jail are a source of danger to the health of the jail. This is being attended to as far as can be done with jail labour, but at present few workers can be spared. The jail site is low and the sleeping barracks become damp during rain. The district is notorious for malaria to which disease the medical officer attributes the sickness.

**Krishnagar.**—A *kutch*a shed capable of accommodating 33 prisoners was used to relieve the overcrowding which lasted throughout the year. The dormitory accommodation is said to be insufficient and in the workshops the floors are damp. The hospital is said to be draughty and the accommodation inadequate and unsatisfactory. The female yard needs raising and better drainage. After heavy rains water-logging occasionally occurs to the west and south of the jail compound. The drain outside the northern wall of the jail is broken and does not work satisfactorily. A *mehtar* colony and a neglected tank within 200 yards of the jail are two menaces to the health of the inmates of the jail. The sickness and mortality were attributed chiefly to:—(1) Lowered vitality and consequent diminished power of resistance to disease, the result of scarcity and high prices of food grains in the district. (2) Malarial infection, the district of Nadia being notoriously malarious.

**Midnapore, Central.**—The under-trial ward is not sufficient to accommodate prisoners of that class. Malaria was prevalent throughout the year. Many cases classified as such are said to be due to transient pulmonary and digestive disorders. Dysentery was prevalent in the winter and the rainy season; and indifferent and bad health prisoners and those who had had previous attacks chiefly suffered. Pneumonia prevailed during the rainy season; many cases occurred in old and weakly prisoners. The Inspector-General remarks:—“This jail buildings have now been vastly improved by the raising of all the roofs of the wards. They are now fine sleeping barracks.”

**Ranchi.**—The oil mill shed was used at night to relieve the overcrowding which existed for 89 days. A separate hospital enclosure with special wards for infectious diseases is required. Bad rice was considered by the superintendent to be the cause of an outbreak of bowel disorder with 5 deaths at the beginning of the year. The stock was got rid of and a new supply was purchased.

**Hazaribagh, Central.**—The mortality has been exceptionally high and out of all relation to public health. The Inspector-General remarks:—“A new scheme for a better water-supply is being prepared.”

**Monghyr.**—The jail was overcrowded more or less throughout the year to relieve which the boys' workshop was used during the night from January to November and a new hut with tiled roof, was built in April 1909. No important defects were reported.

**Darbhanga.**—The overcrowding which lasted for 298 days during the year, especially in the under-trial and female wards, was relieved by using workshops at night from 29th January to 15th August 1909. The drains outside the jail enclosure wall are not satisfactory and require changes in outfall. On account of famine in the district prisoners in indifferent and bad health were frequently received in the jail. Malarial fevers were prevalent in the district.

**Buxar, Central.**—The overcrowding which existed for 3 days in January, 12 days in May, the whole months of June and July, 10 days in August and 14 days in September was relieved by using temporary sheds. Wards for infectious diseases are needed. The prevalence of malaria was said to be due to the bad drainage of the surrounding country. The banks of the river Ganges are in many places higher than the country round and except where there are *nullahs* rain water collects and remains for several months after the rains have ceased. The Inspector-General remarks:—“The water-supply difficulty remains. New plans are ready.”



# PRISONERS, 1900.

## TABLE XLIV—*concluded.*

*ABSTRACT of the SANITARY SHEETS of the most UNHEALTHY JAILS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.—concluded.*

### UNITED PROVINCES.

**Ghazipur.**—The main barracks are too much crowded together. More than one-third of the total number of admissions was due to malaria which was very prevalent this year in the district, but the jail admissions were kept down by the prophylactic issue of quinine for four months in the rainy season. The Inspector-General remarks:—"This is an old jail built on an obsolete plan. On the whole the sanitary condition is not bad except that site overcrowding of the barracks is marked. For some reason which I cannot explain, this jail always gets a very large number of old and weak prisoners among the convicts admitted."

**Gorakhpur.**—The overcrowding which existed for 24 days in the jail was relieved by accommodating the excess number in tents. The Inspector-General remarks:—"This is a modern jail, well constructed, and its sanitary condition is in every way excellent. The death rate is always high owing to the bad health of the general body of the convicts on admission to the jail. Many prisoners are every year received into this jail suffering from dysentery."

**Banda.**—The greater part of the sickness was due to the characteristics of the district as a whole, as it is very malarious. Most of the prisoners admitted to jail show signs of malarial poisoning. The Inspector-General remarks:—"The sanitary condition of the jail is good. The high death rate usual in the jail is entirely due to the general bad health of the prisoners on admission. The district is very malarious."

**Bahraich.**—The overcrowding in the under-trial barrack No. 9 was relieved by transfers to other jails. The four men who died were received in indifferent health and were over 50 years of age. The Inspector-General remarks:—"This is an old jail, but it has been partially rebuilt in recent years and much improved. Its sanitary condition is very good."

**Mainpuri.**—A batch of prisoners was transferred to another jail and prisoners were made to sleep near gratings of the barracks to avoid overcrowding which existed for 21 days. In the superintendent's opinion most of the malaria patients were suffering from the effects of the severe epidemic of 1908, which left large numbers enfeebled and with enlarged spleen. The 3 deaths from dysentery were in such men.

**Shahjahanpur.**—No important defects were reported.

**Bareilly, Central.**—One of the barracks was badly infected with pneumonia, so the patients were put under canvas. Tents were also used for dysentery and diarrhoea cases. The medical officer in charge states that this jail has the reputation of being a healthy one, and as far as can be seen there are no local or other conditions to cause the high sickness and mortality in the jail. The high sickness and mortality were said to be due entirely to the scarcity and severe outbreak of malaria in the free population, during the years 1907 and 1908. The Inspector-General remarks:—"The sanitary condition of the jail is in every way, so far as I can determine, excellent. It has generally been an extremely healthy jail. The districts from which it draws its convicts are very malarious and a severe epidemic of malaria of a very bad type prevailed in the end of 1908 and the beginning of 1909. These districts were also famine-stricken in 1908. The high death rate has been, I believe, entirely due to the general bad health of the prisoners on admission to the jail."

**Saharanpur.**—There was overcrowding in barracks Nos. 4, 7 and the civil ward for 35 days during the year. There is an objectionable ditch surrounding the jail. The district is notoriously malarious and a large proportion of the prisoners admitted suffered from enlarged spleens and other symptoms of malarial poisoning, probably due, in the opinion of the superintendent, to the large amount of irrigation in the district. The source of dysentery inside the jail was not traced. It is common outside the jail at all seasons, and seems to rise and fall with the severity of the malarial season. The Inspector-General remarks:—"This jail was originally an old Sikh fort. The moat is gradually being filled in. The sanitary condition of the jail is very fairly good and the high death rate usually recorded is entirely due to the miserable state of health of the convicts admitted. The city and district are very malarious and unhealthy."

**Muttra.**—The overcrowding in the undertrial ward was relieved by locking up at night the excess number in barrack No. 1. The Inspector-General remarks:—"This is an old jail and there is some site overcrowding in parts. The sanitary condition is good."

### PUNJAB.

**Hissar.**—The number of civil and under-trial prisoners, for awhile, exceeded the accommodating capacity of the wards assigned to them, but as the jail population was low, a barrack was placed at their disposal inside the jail. There was only one admission from malaria; the immunity from the disease is attributed by the superintendent to the prophylactic use of quinine. The death rate was very high compared with last year. Pneumonia is a special feature in this district and was of a very fatal type. The Inspector-General remarks:—"No sanitary defects."

**Sialkot.**—There was no overcrowding as the excess number of under-trial prisoners was accommodated in the parts of the jail available. The Inspector-General remarks:—"No sanitary defects and the health of the prisoners on the whole is reported to have been fair; but the mortality rate was very high, viz., 31.55 as against 5.28 only in 1908, on this point the medical officer says that the deaths were mainly due to the admission into the jail of several hopeless cases—one woman was admitted in a dying condition from pneumonia and died five hours afterwards; four men were admitted in bad health and 4 in indifferent health; one of the men who died was 80 years of age and another 70."

### CENTRAL PROVINCES

**Raipur, Central.**—There was overcrowding among the under-trial prisoners to some extent during the months of August and September, but it was relieved by locking up some in another barrack. The drainage outside the jail is still defective, as the sub-soil drains do not work satisfactorily and they occasionally get choked up. The local cause of fever, in the superintendent's opinion, may be due to the surrounding country which is rice-growing and swampy during the rainy season, as the land undulates in the vicinity of the jail and some water collects in places where it has no outlet; but whenever it is possible to drain these pools and prevent the water from stagnating and forming breeding places for mosquitoes, measures have been adopted. The Inspector-General remarks:—"Assistant Surgeon Murphy has paid attention to the drainage and by means of sub-soil drains a stagnant collection of water close to the railway line about 200 yards away is now dried up. It will be impossible to prevent some collection of water in the rains, but the improvement to what there was, is very great. Efforts are being made to drain the place thoroughly."

**Nagpur, Central.**—There was no actual overcrowding as the infirms were accommodated in the hospital upper ward. The Inspector-General remarks:—"The greatest credit is due to Major Mill, and I am very glad to report that owing to his efforts plague was prevented from reaching the jail. The whole of Nagpur was badly attacked last year and encampments of those who had left their houses were on each side of the road leading to the jail: some deaths occurred in these encampments."

### BOMBAY.

**Yerrowda, Central.**—The jail was overcrowded from 31st July to 21st October, from 4th to 25th November and from 16th to 31st December. The excess was accommodated by being spread over the various barracks. There were no local conditions conducive to any particular disease though there was the usual number of cases of malaria.

### MADRAS.

**Rajahmundry, Central.**—The overcrowding which lasted for about 5 months was relieved by using workshed No. 5. The Inspector-General remarks:—"The sanitation of the jail is on the whole very fair and the year gone by has been healthier than the one preceding."



# PRISONERS, 1909.

## TABLE XLV.

INFLUENZA by months, Jails, Groups, and Administrations.

## TABLE XLVI.

CHOLERA by months, Jails, Groups, and Administrations.

JAILS,* AND GROUPS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.												ADMISSIONS FROM CHOLERA IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Moulmein . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Maubin . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
Bassein, Central . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
Insein, Central . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	..	..	..	..	..	..	6
GROUP I.—BURMA COAST AND BAY ISLANDS.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	6	..	..	..	..	..	9
Pagan . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Mandalay, Central . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	36	..	..	..	..	..	..	37
GROUP II.—BURMA INLAND .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	36	..	..	..	..	..	38
Dibrugarh . . . . .	..	7	..	..	..	..	..	..	..	..	..	..	7	..	..	..	..	..	..	..	..	..	..	..	..	..
Gauhati . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	1
Sylhet . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
GROUP III.—ASSAM . . . . .	..	7	..	..	..	..	..	..	..	..	..	..	7	..	..	..	..	1	..	..	1	..	..	..	..	2
Dacca, Central . . . . .	..	..	..	..	..	..	..	..	4	16	3	..	23	..	..	2	..	..	1	..	..	1	4	1	1	10
Tippera . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Bakarganj . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	2
Faridpur . . . . .	..	..	..	..	..	..	..	..	..	..	3	..	3	..	..	..	1	..	..	..	..	..	..	..	..	1
Suri . . . . .	..	..	..	4	11	..	..	..	..	..	..	..	15	..	..	..	..	..	..	..	..	..	..	..	..	..
GROUP IV.—BENGAL AND ORISSA.	..	..	..	4	11	..	..	..	4	16	6	..	41	1	..	2	1	2	1	..	..	1	4	1	1	14
B	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Gaya . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
Moughyer . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	1
Muzaffarpur . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
Allahabad, District . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Karwi . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	3
Hamirpur . . . . .	..	2	1	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..
Orai . . . . .	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Lucknow, Central . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	28	5	..	..	..	..	33
Do. District . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	..	..	4
Barabanki . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	2
Sitapur . . . . .	..	..	2	11	1	..	..	..	..	..	..	..	14	..	..	..	..	..	..	..	..	..	..	..	..	..
Mainpuri . . . . .	..	..	4	3	..	..	2	..	..	..	..	..	9	..	..	..	..	..	..	..	..	..	..	..	..	..
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	..	2	7	14	2	..	2	..	..	..	..	..	..	..	..	1	1	4	2	..	32	5	..	1	..	46
A	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bareilly, District . . . . .	..	..	..	..	..	..	..	..	..	..	1	4	5	..	..	..	..	..	..	..	..	..	..	..	..	..
Bulandshahr . . . . .	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Meerut . . . . .	..	3	1	..	..	..	..	..	..	2	1	2	9	..	..	..	..	..	..	..	..	..	..	..	..	..
B	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ferozepore . . . . .	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Lahore, Central . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	2
Gujranwala . . . . .	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
GROUP VI.—UPPER SUB-HIMALAYA.	..	5	1	1	..	..	..	..	..	2	2	6	17	..	..	..	2	..	..	..	..	..	..	..	..	2
A	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Montgomery, Central . . . . .	..	..	..	..	..	..	..	..	..	..	..	8	8	..	..	..	..	..	..	..	..	..	..	..	..	..
Mooltan, Central . . . . .	16	17	..	..	..	..	..	..	..	..	..	..	33	..	..	..	..	..	..	..	..	..	..	..	..	..
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA.	16	17	..	..	..	..	..	..	..	..	..	8	41	..	..	..	..	..	..	..	..	..	..	..	..	..

\* Jails where neither Influenza nor Cholera occurred are not shown in these tables.  
For the annual ratios, see Table XLII.



JAILS, GROUPS, AND ADMINISTRATIONS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.													ADMISSIONS FROM CHOLERA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Jubbulpore, Central . . .	...	...	...	...	...	...	...	...	8	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IX.—DECCAN	...	...	...	...	...	...	...	...	8	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
A																										
Coimbatore, Central . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	49	1	...	...	...	...	...	50
B																										
Madura . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Madras Penitentiary, Central	...	...	6	2	...	...	...	...	...	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
C																										
Berhampur . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	39	...	...	...	...	...	39
GROUP XI.—SOUTHERN INDIA.	...	...	6	2	...	...	...	...	...	...	...	...	8	...	...	...	1	...	49	40	...	...	...	...	...	90
INDIA*	16	31	14	21	13	...	2	...	12	18	8	14	149	2	1	4	5	7	54	82	33	6	4	2	1	201
BURMA . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	2	42	...	...	...	...	...	47
EASTERN BENGAL AND ASSAM	...	7	...	...	...	...	...	...	4	16	6	...	33	1	...	2	1	3	1	...	1	1	4	1	1	16
BENGAL . . . . .	...	...	...	4	11	...	...	...	...	...	...	...	15	...	...	1	1	...	...	...	...	...	1	...	...	3
UNITED PROVINCES . . .	...	5	8	15	2	...	2	...	...	2	2	6	42	...	...	...	...	4	2	...	32	5	...	...	...	43
PUNJAB . . . . .	16	19	...	...	...	...	...	...	...	...	...	8	43	...	...	...	2	...	...	...	...	...	...	...	...	2
N. W. FRONTIER PROVINCE	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
CENTRAL PROVINCES . . .	...	...	...	...	...	...	...	...	8	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
BOMBAY . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
MADRAS . . . . .	...	...	6	2	...	...	...	...	...	...	...	...	8	...	...	...	1	...	49	40	...	...	...	...	...	90
ANDAMANS . . . . .	...	...	...	...	...	...	1	2	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
INDIA†	16	31	14	21	13	...	3	2	12	18	8	14	152	2	1	4	5	7	54	82	33	6	4	2	1	201

\* Excluding Andamans.

† Including Andamans.

TABLE XLVII.

ENTERIC FEVER by months, Jails, Groups, and Administrations.

TABLE XLVII.

PYREXIA OF UNCERTAIN ORIGIN by months, Jails, Groups, and Administrations.

JAILS* AND GROUPS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM PYREXIA OF UNCERTAIN ORIGIN IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Mergui . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	1	..	..	..	..	..	1	..	4
Tavoy . . . . .	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	3
Moulmein . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	2
Toungoo . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	2
Rangoon, Central (Europeans)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	2
Rangoon, Central (Natives)	..	..	..	..	..	..	..	..	..	..	..	..	..	8	13	9	5	4	4	20	17	4	12	7	11	114
Myaungmya . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	..	..	..	7
Bassein, Central . . . . .	..	..	..	..	..	..	..	..	..	3	..	..	3	..	..	..	..	1	14	12	7	3	4	..	..	41
Insein, Central . . . . .	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	8	4	1	..	7	3	6	11	40	
Henzada . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
GROUP I.—BURMA COAST AND BAY ISLANDS.	..	..	1	..	..	..	..	..	..	3	1	..	5	11	13	9	6	13	9	35	29	20	26	19	24	214
Prome . . . . .	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	2	1	1	1	6	1	2	3	2	1	20
Yamethin . . . . .	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Pagan . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	2	2	
Myingyan, Central . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1	4	1	10	
Mandalay, Central . . . . .	..	..	..	..	..	..	..	1	..	..	..	..	1	7	6	3	3	2	5	6	7	5	3	6	6	59
Shwebo . . . . .	..	..	..	..	1	..	..	..	..	..	..	..	1	..	1	..	..	..	..	1	..	2	2	..	..	7
Katha . . . . .	..	..	..	..	..	1	1	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
GROUP II.—BURMA INLAND	..	..	..	..	1	1	1	1	1	1	..	..	6	7	8	7	4	3	6	14	8	8	9	14	10	98
Gauhati . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	
Dhubri . . . . .	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
GROUP III.—ASSAM	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	2	2	
Mymensingh . . . . .	1	..	..	..	..	..	..	1	..	..	1	..	3	..	12	5	4	..	..	..	..	..	..	..	..	21
Chittagong . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3	1	4	2	1	7	1	1	1	2	26
Jessore . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
Howrah . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	3	..	7
Krishnagar . . . . .	..	1	1	..	1	..	3	1	..	1	..	..	8	..	..	..	..	..	..	..	..	..	..	..	..	..
Faridpur . . . . .	..	..	..	..	..	..	..	3	..	2	..	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..
Rajshahi, Central . . . . .	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Malda . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	2	3	6	10	2	3	1	2	8	3	4	..	44
Suri . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	2	1	..	..	..	..	..	..	6
Cuttack . . . . .	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
GROUP IV.—BENGAL AND ORISSA.	2	1	1	..	1	..	3	5	..	2	3	..	18	2	18	14	18	8	6	2	11	10	6	8	2	105
A	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chaibassa . . . . .	..	..	..	..	..	1	9	2	..	..	..	..	12	4	1	8	4	4	4	1	..	1	..	..	..	27
Hazaribagh, Central . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B	..	..	..	1	..	..	..	1	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Gaya . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
Champarun . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	1
Patna . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Allahabad, Central . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	21	2	4	6	21	5	7	2	3	9	1	..	81
Fatehpur . . . . .	..	..	..	..	..	..	..	..	2	..	..	..	2	..	..	..	11	..	..	2	1	2	1	..	..	17
Orai . . . . .	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	3
Mainpuri . . . . .	..	..	4	3	3	2	1	2	3	..	..	..	18	..	..	..	7	4	3	1	2	6	7	9	7	46
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	..	..	4	4	3	3	10	5	5	..	..	..	34	25	4	12	17	40	13	10	7	13	18	11	7	177
A	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Bareilly District . . . . .	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Bijnor . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Dehra Dun . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Rohtak . . . . .	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
Hissar . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	7	5	..	..	..
Ambala . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	13
B	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	6	3	7	3	..	8	11	8	49
Ferozepore . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..										

\* Jails where neither Enteric Fever nor Pyrexia of uncertain origin occurred are not shown in these tables. For the annual ratios, see Table XLII.



JAILS, GROUPS, AND ADMINISTRATIONS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM PYREXIA OF UNCERTAIN ORIGIN IN EACH MONTH.														
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
<b>A</b>																											
Mianwali . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	3	
Jhang . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	
Mooltan, Central . . . . .	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	1	1	...	...	4	...	3	10	
Dera Ismail Khan . . . . .	...	...	...	1	1	...	...	...	1	...	...	...	3	...	1	2	...	...	...	...	...	...	...	...	...	...	
Dera Ghazi Khan . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	4	
<b>C</b>																											
Hyderabad, Central . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	2	
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA	...	...	...	1	1	1	...	...	1	...	...	...	4	...	1	3	...	...	3	1	2	1	6	...	3	20	
<b>A</b>																											
Rajkot . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	4	
GROUP VIII.—S. E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	4	
<b>A</b>																											
Saugor . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	...	3	
Jubbulpore, Central . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	
Sambalpur . . . . .	...	...	...	...	...	...	...	2	...	...	...	...	2	...	...	...	...	...	...	...	...	1	...	...	...	...	
Bhandara . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	
<b>B</b>																											
Secunderabad . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	2	
Amraoti . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1	...	4	
Akola . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	
Bijapur . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	2	8	
GROUP IX.—DECCAN	...	...	...	...	2	...	...	2	...	...	...	...	4	...	...	...	2	1	1	2	9	1	2	2	...	20	
Thana . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	2	
Ratnagiri . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	
Karwar . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	2	...	...	...	...	...	...	5	
Cannanore, Central . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	5	7	7	4	...	2	20	10	2	13	4	4	78	
GROUP X.—WESTERN COAST	...	...	...	...	...	...	...	...	...	...	...	...	...	5	8	7	4	2	3	22	11	2	14	5	4	87	
<b>A</b>																											
Bel ary, Central . . . . .	...	...	...	...	...	...	...	...	...	...	2	2	...	...	1	1	...	...	...	...	...	...	1	...	...	3	
Salem, Central . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	10	3	1	4	1	...	...	1	...	26	
Coimbatore, Central . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	10	2	3	3	2	4	...	28	
<b>B</b>																											
Palamcottah . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	2	...	5	
Madura . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	5	
Tanjore . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	2	
Cuddalore . . . . .	...	...	...	...	...	...	...	2	...	...	...	...	2	...	...	1	4	2	2	3	4	2	...	...	...	18	
Vellore, Central . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	12	7	9	7	3	9	8	4	17	14	19	18	127	
Madras Penitentiary, Central	...	...	...	...	...	...	...	3	...	...	...	...	3	3	1	1	1	...	...	3	...	...	1	...	...	10	
<b>C</b>																											
Rajahmundry, Central . . . . .	...	...	...	1	1	...	...	...	...	...	...	...	2	...	...	4	7	5	5	19	4	2	4	...	...	50	
GROUP XI.—SOUTHERN INDIA	...	...	1	1	1	...	...	5	...	...	...	2	10	15	10	12	25	25	21	26	35	29	23	28	25	274	
<b>A</b>																											
Aijal . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	3	
Darjeeling . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP XII.—HILLS	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	2	1	...	...	...	...	...	...	...	3	
<b>INDIA*</b>																											
	2	1	9	6	10	5	14	18	7	7	4	3	86	65	62	65	77	102	68	118	109	100	116	102	87	1,071	
<b>B</b>																											
BURMA . . . . .	...	...	1	...	1	1	1	1	1	4	1	...	11	18	21	16	10	16	15	49	37	28	35	33	34	312	
EASTERN BENGAL AND ASSAM . . . . .	1	...	1	...	...	...	...	4	...	2	2	...	10	2	18	14	15	8	6	2	9	9	4	5	4	96	
BENGAL . . . . .	1	1	1	1	2	1	12	6	...	...	1	...	26	4	1	8	7	6	6	1	2	5	2	3	...	45	
UNITED PROVINCES . . . . .	...	...	5	3	3	2	1	2	5	...	...	1	22	21	3	4	13	36	9	9	7	10	18	11	7	148	
PUNJAB . . . . .	...	...	...	...	...	1	...	...	...	1	...	...	2	...	1	3	3	...	7	8	6	9	18	11	11	84	
NORTH-WEST FRONTIER PROVINCE . . . . .	...	...	...	1	1	...	...	...	1	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	
CENTRAL PROVINCES . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	2	...	...	...	2	1	1	2	1	6	2	5	2	23	
BOMBAY . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	1	2	1	6	2	5	2	...	
MADRAS . . . . .	...	...	1	1	1	...	...	5	...	...	...	2	10	20	17	19	29	25	23	46	45	31	36	32	29	352	
<b>C</b>																											
ANDAMANS . . . . .	2	1	1	...	...	...	...	...	1	...	...	1	6	...	...	...	173	312	220	2	...	...	...	...	...	707	
INDIA† . . . . .	4	2	10	6	10	5	14	18	8	7	4	4	92	65	62	65	250	414	288	120	109	100	116	102	87	1,778	

\* Excluding Andamans.

† Including Andamans.



TABLE XLIX.

MALARIA by months, Jails, Groups, and Administrations.

TABLE L.

PNEUMONIA by months, Jails, Groups, and Administrations.

JAILS* AND GROUPS.	ADMISSIONS FROM MALARIA IN EACH MONTH.													ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Mergui . . . . .	2	2	2	..	..	..	..	..	..	..	..	..	6	..	..	..	..	..	..	..	..	..	..	..	..	..
Tavoy . . . . .	..	..	..	..	..	..	2	..	..	1	5	1	9	..	..	..	..	..	..	..	..	..	..	..	..	..
Moulmein . . . . .	..	..	3	1	1	3	5	3	2	3	1	..	22	..	..	..	..	..	..	..	1	..	..	..	..	1
Toungoo . . . . .	..	..	..	..	1	3	2	1	3	..	..	1	11	..	..	..	..	1	..	..	..	..	..	..	..	2
Rangoon, Central (Natives) . . . . .	7	9	3	10	23	18	16	11	4	6	1	9	117	..	..	1	..	1	..	..	..	..	..	..	..	2
Maubin . . . . .	5	..	2	..	1	..	1	..	..	3	2	1	15	..	..	..	..	..	..	..	..	..	..	..	..	..
Myaungmya . . . . .	1	..	..	1	..	..	1	..	2	5	25	41	76	..	..	1	1	..	..	..	..	..	..	1	3	
Bassein, Central . . . . .	6	3	2	..	1	1	2	22	8	4	10	4	63	..	1	..	..	..	..	..	2	..	2	1	6	
Insein „ . . . . .	4	7	4	1	..	1	2	1	1	2	2	3	28	1	..	..	1	..	..	..	..	..	2	..	4	
Henzada . . . . .	..	..	..	..	..	1	..	..	1	..	1	1	4	..	..	..	..	..	..	1	..	..	1	..	2	
Myanaung . . . . .	..	..	..	..	..	..	..	..	..	1	1	..	2	..	..	..	..	..	..	..	..	..	..	..	..	
Sandoway . . . . .	3	..	..	..	..	..	1	2	1	..	..	..	7	..	..	..	..	..	..	..	..	..	..	..	..	
Kyaukpyu . . . . .	1	2	1	..	1	..	..	..	..	..	2	8	15	..	..	..	..	..	..	..	..	..	..	..	..	
Akyab . . . . .	..	..	..	..	..	..	2	2	4	4	..	1	13	..	..	1	..	..	..	..	..	..	1	..	3	
GROUP I.—BURMA COAST AND BAY ISLANDS . . . . .	29	23	17	13	28	27	34	42	26	29	50	70	388	1	1	2	2	2	1	2	2	1	2	1	6	23
Paungde . . . . .	..	..	..	..	1	..	2	..	..	..	..	2	5	..	..	..	..	..	..	..	..	..	..	..	..	
Prome . . . . .	1	1	1	..	1	1	1	1	6	4	3	3	23	..	..	..	..	..	..	..	..	..	..	1	1	
Thayetmyo, Central . . . . .	..	2	1	..	4	..	..	1	..	..	1	1	10	..	..	..	..	..	..	..	..	..	..	..	..	
Magwe . . . . .	1	1	..	1	..	..	..	..	..	..	..	..	3	..	..	..	..	1	..	..	..	..	..	..	1	
Yamethin . . . . .	1	..	..	..	..	..	..	..	..	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	
Meiktila . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	
Myingyan, Central . . . . .	1	..	..	..	..	1	..	..	..	1	1	..	4	..	..	..	..	..	..	..	..	..	..	..	..	
Mandalay „ . . . . .	..	..	..	..	..	..	1	4	7	4	9	5	30	3	..	..	..	..	..	1	..	..	..	..	2	
Monywa . . . . .	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	1	
Mogok . . . . .	..	..	1	..	..	1	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	
Bhamo . . . . .	1	2	..	..	..	..	2	3	..	..	..	..	8	..	..	..	..	..	..	..	..	..	..	..	..	
Katha . . . . .	..	..	1	..	1	..	2	2	1	..	..	2	9	..	..	..	..	..	..	..	..	..	1	..	1	
Kindat . . . . .	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	
GROUP II.—BURMA INLAND . . . . .	5	6	5	2	7	3	8	11	14	10	14	13	98	1	..	1	1	1	..	..	1	..	..	..	2	7
Cachar . . . . .	..	1	3	1	1	1	..	1	3	..	1	..	12	..	..	..	..	..	..	..	1	..	..	..	1	
Sibsagar . . . . .	..	..	2	3	..	1	..	1	..	1	..	1	9	..	..	..	..	..	..	..	..	..	..	..	..	
Dibrugarh . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Tezpur . . . . .	5	3	4	10	2	11	..	3	3	..	1	1	43	..	..	..	..	..	..	..	..	..	1	..	1	
Nowgong . . . . .	..	..	1	..	..	1	1	3	9	4	2	4	25	1	..	2	3	..	..	..	1	..	2	..	9	
Gauhati . . . . .	1	1	..	1	1	..	1	..	1	..	1	..	7	..	..	..	..	..	..	..	1	1	..	..	2	
Gauhati . . . . .	23	9	5	7	11	37	28	26	16	16	8	2	188	..	..	..	1	..	..	..	..	..	1	..	2	
Dhubri . . . . .	4	2	1	3	3	4	..	3	1	..	1	..	22	..	..	..	..	..	..	..	..	..	..	..	..	
Sylhet . . . . .	13	15	13	30	104	94	90	40	36	31	33	20	519	1	..	..	..	1	..	..	..	3	..	..	5	
GROUP III.—ASSAM . . . . .	46	31	29	55	122	149	120	77	69	52	47	28	825	2	..	2	3	1	1	..	..	3	4	2	2	20
Mymensingh . . . . .	1	2	..	..	2	5	5	5	8	2	6	19	55	..	..	1	..	..	..	..	1	..	..	2	4	
Dacca, Central . . . . .	8	5	5	8	21	14	21	28	47	48	14	11	230	..	..	2	..	1	..	..	1	1	..	1	6	
Tippera . . . . .	1	4	2	..	8	12	8	5	3	10	1	5	59	..	..	..	1	..	..	..	..	..	..	1	2	
Chittagong . . . . .	3	..	1	..	..	1	..	..	2	..	..	2	9	1	1	1	..	1	..	..	..	..	..	..	4	
Noakhali . . . . .	2	..	1	11	2	1	2	2	6	6	1	1	35	..	..	..	..	..	..	..	..	1	..	..	1	
Bakarganj . . . . .	8	4	12	8	9	11	6	47																		



JAILS AND GROUPS.	ADMISSIONS FROM MALARIA IN EACH MONTH.												ADMISSIONS FROM PNEUMONIA IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
<b>A</b>																										
Chaibassa . . . . .	...	...	...	...	...	1	2	1	1	3	1	...	9	...	...	...	...	1	...	...	...	...	...	1	2	
Purulia . . . . .	1	4	8	4	4	6	5	4	1	5	6	4	52	...	...	...	...	1	...	...	...	...	...	1	2	
Ranchi . . . . .	2	1	1	3	2	1	5	20	1	...	1	...	37	...	...	...	...	...	...	...	...	...	1	1	2	
Palamau . . . . .	...	2	4	8	3	...	3	5	19	11	5	4	64	...	...	1	2	1	1	...	1	...	...	...	6	
Hazaribagh, Central	15	23	26	16	40	30	62	25	42	22	25	17	343	...	...	...	...	1	...	...	...	...	...	...	1	
<b>B</b>																										
Gaya . . . . .	6	12	12	14	10	3	10	10	4	3	2	9	95	2	4	...	...	2	...	...	...	...	...	1	9	
Bhagalpur, Central	8	17	25	23	18	28	64	45	20	30	17	15	310	2	2	1	1	...	1	1	2	3	1	1	15	
Monghyr . . . . .	6	5	17	25	14	12	26	60	40	16	28	16	265	...	...	...	1	...	...	...	...	...	...	...	1	
Darbhanga . . . . .	1	3	3	2	2	2	2	2	9	8	2	13	49	...	2	...	...	...	...	2	...	...	...	...	4	
Champaran . . . . .	2	...	3	4	3	5	7	4	4	3	...	2	37	1	...	1	1	...	...	...	...	...	...	...	3	
Muzaffarpur . . . . .	3	3	0	5	7	4	5	9	9	8	5	1	65	...	...	...	...	1	...	...	...	...	...	...	1	
Patna . . . . .	...	2	4	17	12	6	6	7	9	16	6	5	90	...	1	...	...	1	...	...	...	...	...	...	2	
Arrah . . . . .	1	...	1	7	2	...	2	3	4	6	10	4	40	...	...	...	...	...	1	...	...	...	1	1	4	
Chapra . . . . .	7	4	8	9	10	1	7	3	3	3	...	1	56	...	...	...	...	...	...	...	...	...	...	...	...	
Buxar, Central	51	24	93	154	96	17	45	51	54	64	40	28	717	...	3	2	...	1	1	2	1	1	...	...	11	
Korantadih . . . . .	...	1	3	2	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	
Ghazipur . . . . .	7	10	6	27	11	5	10	7	11	17	11	6	128	...	1	...	2	3	2	...	1	...	1	1	11	
Azamgarh . . . . .	2	2	1	8	11	5	4	1	...	5	3	3	45	...	...	...	2	...	1	...	...	...	...	...	3	
Gorakhpur . . . . .	14	1	10	17	8	10	3	8	4	7	3	1	86	...	...	1	2	...	1	2	...	...	1	1	8	
Basti . . . . .	1	...	1	5	7	1	3	7	...	...	...	...	25	2	1	2	4	2	1	1	2	...	...	...	16	
Fyzabad . . . . .	3	6	1	3	3	1	5	5	1	1	2	3	34	1	1	1	...	...	...	...	...	...	...	...	3	
Sultanpur . . . . .	5	5	7	11	15	7	14	12	6	5	1	1	89	...	...	...	...	...	...	1	...	...	...	...	1	
Rai Bareilly . . . . .	2	...	2	3	5	8	7	7	2	2	1	1	41	...	...	...	...	...	...	1	...	...	...	...	2	
Partabgarh . . . . .	4	5	2	6	4	6	3	4	2	3	...	1	40	4	2	2	...	...	...	...	1	...	...	...	9	
Jaunpur . . . . .	2	1	1	4	...	3	3	1	6	1	...	1	23	...	...	...	...	...	...	...	...	...	...	...	...	
Benares, Central	16	14	16	54	39	22	17	17	5	14	38	20	272	...	1	...	...	...	...	...	...	1	2	2	6	
" District	3	3	5	11	2	4	3	4	2	2	1	2	42	...	...	...	...	...	...	...	1	...	1	...	2	
Mirzapur . . . . .	...	...	1	...	...	...	...	...	...	1	1	...	3	1	...	...	...	...	2	...	...	1	...	...	5	
Allahabad, Central	8	22	10	4	2	...	20	25	6	4	2	2	105	1	1	3	...	1	...	...	...	...	1	3	10	
" District	6	3	3	1	7	7	8	...	2	9	2	1	49	3	3	1	3	...	2	...	2	...	...	2	16	
Karwi . . . . .	1	...	1	3	1	1	6	4	1	...	2	...	20	1	...	...	...	...	...	...	...	...	...	...	1	
Banda . . . . .	9	5	5	17	14	8	11	13	13	9	17	7	128	2	...	...	1	...	1	...	1	...	...	...	5	
Fatehpur . . . . .	3	6	5	4	5	6	3	2	3	5	13	7	62	3	3	3	3	5	...	2	...	...	...	1	20	
Hamirpur . . . . .	4	...	4	4	2	1	4	4	2	2	1	1	29	...	5	2	...	...	4	1	...	...	...	...	13	
Orai . . . . .	1	2	3	1	5	...	1	...	4	...	2	...	19	...	...	2	...	...	...	...	...	...	...	...	2	
Cawnpore . . . . .	15	6	4	20	25	12	15	5	11	10	9	1	133	...	1	3	...	1	1	...	...	1	1	1	9	
Unao . . . . .	...	...	2	2	1	1	2	4	3	17	2	4	38	...	1	...	...	...	...	...	...	...	...	...	1	
Lucknow, Central	1	...	1	3	7	3	17	4	16	27	7	4	90	1	...	...	...	...	...	...	...	...	...	...	2	
" District	...	...	2	...	6	1	4	4	12	13	12	11	65	3	...	...	1	...	...	...	...	3	1	1	9	
Barabanki . . . . .	3	2	6	8	21	6	14	9	5	15	5	4	98	...	...	5	2	3	1	3	...	...	1	...	15	
Gonda . . . . .	...	...	2	5	4	7	16	5	8	8	10	8	73	...	...	...	...	1	1	...	1	3	1	1	9	
Bahraich . . . . .	12	3	17	5	4	13	19	11	14	18	4	5	125	...	...	3	...	1	...	...	2	...	...	...	6	
Kheri . . . . .	3	1	5	8	2	2	2	1	5	...	1	2	32	...	...	2	3	1	...	...	...	...	...	...	7	
Sitapur . . . . .	7	7	7	7	9	24	16	10	5	1	1	1	95	...	1	...	1	...	1	...	1	...	...	...	4	
Hardoi . . . . .	6	1	4	12	14	12	26	25	9	14	...	3	126	...	...	...	...	...	...	...	...	...	...	...	...	
Etawah . . . . .	2	4	6	3	2	3	6	2	4	5	2	5	44	1	1	2	4	...	7	2	...	2	3	4	27	
Mainpuri . . . . .	20	2	4	10	22	10	19	3	5	8	6	30	139	3	2	...	...	1	1	2	3	1	1	1	15	
Etah . . . . .	2	1	8	4	5	8	7	14	6	12	2	1	70	7	1	2	3	1	1	1	...	...	4	4	16	
Fatehgarh, Central	5	3	7	8	26	6	14	5	9	5	...	6	94	7	4	...	6	6	2	4	6	...	...	...	47	
" District	5	5	1	4	16	5	7	2	2	1	1	1	50	2	1	...	1	...	1	2	...	...	...	...	7	
<b>GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR</b>	275	221	374	575	529	324	560	474	404	439	310	262	4747	47	42	37	45	32	22	27	26	21	21	24	26	370
<b>A</b>																										
Shahjahanpur . . . . .	6	10	5	26	26	23	46	27	29	17	15	4	234	1	...	1	1	...	3	1	...	...	...	...	...	8
Pilibhit . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1
Bareilly, Central	...	50	41	71	148	72	156	212	135	95	68	36	1,157	1	6	3	3	7	...	12	10	2	4	3	...	52
" District	8	6	9	13	17	11	12	18	24	23	8	13	162	4	...	2	6	5	6	...	1	...	4	10	...	53
" Juvenile	...	...	...	1	3	9	18	9	10	1	3	3	57	...	...	...	...	2	1	...	...	...	...	...	...	3
Budaun . . . . .	24	2	8	32	43	29	35	50	26	24	21	19	313	1	...	1	...	2	2	3	...	...	1	...	...	11
Aligarh . . . . .	7	3	7	8	6	5	4	1	4	1	...	1	47	1	1	1	2	1	...	...	...	...	...	...	...	6
Bulandshahr . . . . .	9	6	16	17	19	9	8	7	8	6	2	1	108	...	1	2	...	1	...	...	...	...	...	...	...	4
Moradabad . . . . .	9	5	7	10	10	8	14	6	6	3	3	3	84	3	1	...	1	1	2	1	...	...	...	1	...	12
Bijnor . . . . .	1	...	...	...	1	...	3	2	10	8	8	9	42	...	...	...	1	...	...	...	...	...	...	...	...	3
Dehra Dun . . . . .	...	...	2	1	...	...	5	8	4	5	6	7	38	...	...	1	1	...	...	...	...	...	...	...	...	6
Saharanpur . . . . .	5	4	2	15	4	12	8	6	9	8	3	1	77	2	4	2	1	3	...	...	2	1	1	...	...	16
Muzaffarnagar . . . . .	21	8	12	9	6	7	13	7	1	6	3	16	109	3	3	1	1	...	...	...	...	...	...	...	...	9
Meerut . . . . .	2	2	3	1	1	2	4	6	18	15	3	6	63	10	7	2	3	...	...	3	...	3	1	1	...	30
Delhi . . . . .	1	5	3	4	12	3	6	17	32	32	19	13	147	3	1	1	...	3	...	1	2	...	...	4	2	17
Rohtak . . . . .	2	...	...	...	7	9	11	33	3	2	1	1	69	...	...	...	...	1	...	...	...	...	...	...	...	...
Hissar . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	...	1	...	1	...	...	...	1	1	6
Karnal . . . . .	4	4	5	7	...	8	5	7	7	8	6	3	70	5	2	2	2	...	2	1	...	...	3	2	...	19
Ambala . . . . .	16	7	14	14	1	23	13	...	...	4	6	4	117													



TABLE XLIX—concluded.

MALARIA by months, Jails, Groups and Administrations.

TABLE L—concluded.

PNEUMONIA by months, Jails, Groups and Administrations.

JAILS AND GROUPS.	ADMISSIONS FROM MALARIA IN EACH MONTH.												TOTAL.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
A																										
Peshawar . . . . .	36	9	7	23	17	28	5	15	80	132	127	29	508	7	4	1	...	1	...	...	1	1	1	4	1	21
Kohat . . . . .	3	1	1	...	1	6	1	...	...	...	...	...	13	1	...	2	...	...	...	1	...	1	1	1	...	7
Bannu . . . . .	3	2	...	1	3	2	3	1	1	1	3	...	20	...	...	1	...	...	...	...	...	...	...	...	...	1
Shahpur . . . . .	3	8	5	6	8	9	10	19	4	3	...	...	75	...	...	1	...	...	...	...	...	...	...	...	...	1
Mianwali . . . . .	...	...	3	1	2	...	...	...	...	...	...	...	6	...	1	...	...	...	...	...	...	...	...	...	...	1
Lyallpur . . . . .	7	3	1	...	1	...	2	...	...	...	...	...	14	1	1	1	...	...	...	...	...	...	...	...	...	3
Jhang . . . . .	27	3	1	11	9	7	7	4	4	9	4	5	91	1	...	3	1	...	...	...	...	...	...	...	...	6
Montgomery, Central	6	18	13	11	22	42	37	21	1	7	11	18	207	1	3	3	2	1	2	2	2	...	2	...	7	25
Mooltan, Central . .	15	1	8	12	6	4	3	2	2	6	6	10	75	4	7	5	1	1	1	1	...	1	2	1	...	24
„ District . . . . .	10	2	1	2	8	7	6	2	...	...	2	6	46	3	1	3	7	5	1	1	...	...	1	2	...	24
Dera Ismail Khan . .	13	12	10	8	8	19	11	12	9	10	9	20	141	2	1	...	...	...	...	1	...	...	...	...	...	4
Dera Ghazi Khan . .	...	...	2	...	3	3	...	...	...	...	...	...	8	...	...	...	1	...	...	...	...	...	1	1	...	3
B																										
Sibi . . . . .	...	1	1	2	6	4	...	...	1	1	4	...	20	1	...	...	...	...	...	...	...	...	...	...	...	1
C																										
Sukkur . . . . .	...	2	5	3	5	3	1	3	...	1	6	...	29	3	5	1	1	...	...	1	...	1	...	...	...	12
Sind Gang . . . . .	1	8	11	11	15	10	14	8	10	7	1	8	104	2	2	2	1	1	1	2	1	...	1	...	5	18
Hyderabad, Central	5	4	5	7	11	11	11	8	11	30	14	13	130	6	8	5	2	3	4	...	...	...	...	1	...	29
Karachi . . . . .	3	...	3	4	3	1	2	1	2	...	...	2	21	...	...	...	...	...	...	...	1	...	...	1	...	2
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA .																										
{ 152 74 77 102 128 156 113 96 125 207 187 111 1,508 32 33 28 15 13 9 6 7 3 6 10 20 182																										
A																										
Rajkot . . . . .	...	...	1	...	...	...	...	1	5	...	...	...	7	1	...	...	...	...	...	...	...	...	...	...	...	1
Ahmedabad, Central	4	2	4	6	6	2	1	4	2	4	3	8	46	2	1	...	2	1	...	1	...	1	2	1	1	12
B																										
Ajmer . . . . .	...	...	3	3	2	1	2	8	4	39	...	3	65	1	1	1	1	1	...	...	...	1	...	...	...	6
Muttra . . . . .	9	4	9	13	6	15	8	16	9	16	8	5	118	1	...	1	...	...	...	...	1	...	1	...	...	4
Agra, Central . . . .	5	10	16	12	30	17	38	29	15	37	74	17	300	1	2	4	6	2	...	3	...	3	1	...	1	23
„ District . . . . .	2	1	3	2	5	3	3	2	...	...	1	2	24	...	2	4	1	...	...	...	...	2	4	6	...	19
Jhansi . . . . .	6	1	2	3	2	1	7	1	...	1	...	6	30	2	1	2	1	2	...	1	1	1	1	1	...	13
Lalitpur . . . . .	...	...	...	...	1	...	...	...	...	...	1	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VIII.—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT .																										
{ 26 18 38 39 52 39 59 61 35 97 87 42 593 8 7 8 14 7 4 1 6 7 7 9 78																										
A																										
Damoh . . . . .	1	...	...	3	1	1	1	1	2	...	2	1	13	...	...	...	...	...	...	1	...	...	...	...	...	1
Saugor . . . . .	1	...	1	4	1	...	...	4	5	3	5	1	25	...	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore, Central	2	2	7	3	3	7	7	2	4	3	1	2	43	...	2	1	1	...	1	1	...	...	...	...	...	6
Narsinghpur . . . . .	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Mandla . . . . .	1	...	...	...	...	...	3	...	1	1	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Bilaspur . . . . .	...	...	...	...	2	...	2	1	...	...	...	2	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Sambalpur . . . . .	3	2	1	4	1	1	7	5	6	9	1	3	43	...	...	...	...	1	...	...	...	...	...	...	...	1
Raipur, Central . . .	5	2	4	1	6	6	16	17	30	5	20	26	138	...	...	...	...	...	...	...	1	...	...	1	...	2
Balaghat . . . . .	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Seoni . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Chhindwara . . . . .	...	...	1	...	1	...	...	1	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Hoshangabad . . . .	2	...	...	...	1	1	2	...	1	2	9	1	19	...	...	...	...	...	...	...	...	1	...	...	...	1
Nimar . . . . .	1	3	...	...	...	2	...	...	...	...	...	1	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Betul . . . . .	...	...	1	...	...	...	1	...	...	...	1	1	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Nagpur, Central . . .	27	36	22	9	23	18	22	30	54	29	46	36	352	1	...	...	2	...	2	1	1	...	...	...	...	7
Chanda . . . . .	...	...	...	...	...	1	4	1	1	1	2	...	16	...	...	...	...	...	...	1	1	...	...	...	...	2
B																										
Secunderabad . . . .	1	...	1	...	1	1	2	...	1	3	...	2	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Yeotmal . . . . .	1	...	...	...	...	...	2	2	2	4	...	...	11	1	...	...	...	...	...	...	...	...	...	...	...	1
Amraoti . . . . .	...	...	...	...	1	...	...	...	1	1	3	1	7	...	...	1	...	...	...	...	...	1	1	...	...	3
Akola . . . . .	...	1	2	...	...	...	...	...	...	...	...	...	3	...	1	...	...	...	...	...	...	...	...	...	...	1
Buldana . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Dhulia . . . . .	...	...	2	2	1	2	...	1	1	5	5	4	23	1	...	3	1	...	...	...	...	...	...	...	...	5
Yerrowda, Central .	20	13	6	12	13	16	16	20	43	36	25	24	244	1	...	...	...	...	...	...	...	...	...	...	...	1
Bijapur . . . . .	4	8	11	3	2	5	...	3	8	14	21	21														



JAILS, GROUPS, AND ADMINIS- TRATIONS.	ADMISSIONS FROM MALARIA IN EACH MONTH.													ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
<b>A</b>																										
Bellary, Central . .	17	10	5	7	1	11	1	4	1	1	5	5	68	...	1	...	...	...	...	...	...	...	1	...	...	2
Salem " . .	3	4	3	6	5	3	1	3	7	6	4	4	49	...	...	1	2	...	1	1	...	...	...	...	1	6
Coimbatore, Central	2	...	1	...	...	...	3	1	1	1	...	...	9	1	...	1	...	1	1	1	...	...	...	...	5	
<b>B</b>																										
Palamcottah . .	...	...	...	2	...	...	...	3	1	2	2	1	11	...	...	...	...	...	...	...	...	1	...	...	...	1
Madura . .	...	...	...	...	...	...	1	...	4	2	1	2	10	...	1	...	...	...	...	...	...	...	...	...	...	1
Trichinopoly, Central	17	11	14	6	...	5	12	18	28	25	61	5	202	1	1	...	...	...	...	...	...	...	1	...	...	3
Tanjore . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1
Cuddalore . .	1	1	1	...	1	...	1	...	2	2	6	...	15	...	...	...	...	...	...	...	...	...	...	...	...	...
Vellore, Central . .	3	1	...	...	...	...	2	3	7	...	1	2	19	1	2	1	...	2	3	2	2	2	1	1	...	...
Madras Peniten- tiary, Central . .	1	2	3	4	1	3	4	...	1	3	1	1	24	...	...	2	...	...	1	...	1	1	1	1	...	7
<b>C</b>																										
Rajahmundry, Cen- tral . .	7	3	16	8	6	1	6	7	6	3	3	2	68	...	1	1	1	...	...	...	...	1	2	3	2	11
Vizagapatam . .	7	15	15	26	34	21	19	27	48	48	42	22	324	9	4	2	5	1	...	1	4	1	...	1	...	28
Berhampur . .	...	...	1	1	...	3	1	4	1	...	...	...	11	1	...	1	...	...	...	...	...	...	...	...	...	2
<b>GROUP XI.— SOUTHERN INDIA . .</b>	58	47	59	60	49	47	51	70	107	93	126	44	811	13	10	7	10	2	5	6	7	7	6	7	4	84
<b>INDIA*</b>	1,119	822	1,070	1,442	1,664	1,380	1,793	1,751	1,662	1,713	1,518	1,144	17,082	195	167	144	143	110	81	105	88	68	86	98	130	1,422
<b>GROUP XII.— HILLS . .</b>	9	7	9	8	12	18	17	29	39	27	17	14	206	...	2	2	3	2	3	2	...	...	2	1	2	19
<b>EXTRA INDIA:— ADEN . .</b>	...	1	1	1	...	...	...	1	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>BURMA . .</b>	34	29	22	15	35	30	42	53	40	39	64	83	486	2	1	3	3	3	1	2	3	1	2	1	8	30
<b>EASTERN BENGAL AND ASSAM . .</b>	93	67	84	122	198	217	177	221	219	169	118	93	1,778	7	20	12	12	7	10	4	3	13	7	7	11	113
<b>BENGAL . .</b>	251	227	367	425	401	293	502	446	404	400	370	304	4,390	14	23	16	14	16	10	24	13	6	8	7	9	160
<b>UNITED PROVINCES</b>	360	233	305	520	636	433	692	637	503	512	393	295	5,519	72	59	55	72	51	36	43	37	24	35	43	56	583
<b>PUNJAB . .</b>	171	95	99	171	192	185	175	135	76	112	101	94	1,606	47	27	35	26	19	13	16	15	8	18	23	29	276
<b>N.-W. F. PROV- INCE . .</b>	56	24	18	32	29	55	20	28	90	143	139	49	683	10	5	4	...	1	...	1	2	2	1	5	2	33
<b>CENTRAL PROV- INCES . .</b>	41	46	38	20	39	36	60	59	101	49	89	72	650	3	3	1	2	2	1	1	3	3	4	2	2	27
<b>BOMBAY . .</b>	49	51	70	64	67	64	57	73	106	141	102	96	940	25	17	8	9	8	5	6	4	4	4	2	7	99
<b>MADRAS . .</b>	61	49	60	67	55	54	61	78	110	99	134	48	876	13	10	7	10	2	5	8	8	7	6	7	4	87
<b>ANDAMANS . .</b>	775	791	1,276	1,242	1,285	2,006	1,946	1,309	1,021	862	865	758	14,136	15	14	23	18	20	14	12	42	25	20	20	16	239
<b>INDIA† . .</b>	1,894	1,613	2,346	2,684	2,949	3,386	3,739	3,060	2,687	2,575	2,383	1,902	31,218	210	181	167	167	130	95	118	130	93	106	118	146	1,661

\* Including Ajmer, Sibi, Quetta, Secunderabad and Mercara and excluding Andamans.  
† Including Ajmer, Sibi, Quetta, Secunderabad, Mercara and Andamans.



# PRISONERS, 1909.

## TABLE LI.

DYSENTERY by months, Jails, Groups and Administrations.

## TABLE LII.

DIARRHŒA by months, Jails, Groups and Administrations.

*JAILS AND GROUPS.	ADMISSIONS FROM DYSENTERY IN EACH MONTH.												ADMISSIONS FROM DIARRHŒA IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Mergui . . . . .	...	...	...	...	...	...	...	1	...	1	1	...	3	1	...	1	...	...	...	...	...	...	...	...	...	2
Moulmein . . . . .	...	...	1	2	1	1	2	...	...	1	6	1	15	...	...	...	1	1	...	...	1	2	3	...	1	9
Shwegyin . . . . .	...	...	...	...	...	...	...	1	...	1	...	...	2	...	...	...	...	...	...	1	...	...	...	...	...	...
Toungoo . . . . .	...	...	...	...	...	3	1	3	4	1	...	...	12	...	...	...	...	...	...	1	1	...	...	...	...	2
Rangoon, Central (Natives) }	...	...	2	3	...	10	5	10	8	11	11	7	67	6	7	7	6	11	9	...	...	...	...	...	1	47
Maubin . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	1	...	...	...	...	...	...	...	5
Myaungmya . . . . .	...	...	...	...	...	1	1	4	1	...	...	4	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Bassein, Central . . . . .	3	...	...	...	...	...	1	...	3	2	1	1	11	...	2	...	...	...	2	...	1	2	...	5	...	12
Insein, Central . . . . .	...	...	...	1	2	3	...	...	6	5	...	...	17	...	...	...	...	...	...	2	1	2	2	2	2	11
Henzada . . . . .	...	...	...	...	...	...	...	3	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Myanaung . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...	1	...	...	...	...	...	...	...	...	1
Sandoway . . . . .	...	...	...	...	...	...	...	...	...	1	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Kyaukpyu . . . . .	...	6	2	4	2	3	5	5	3	2	1	...	33	1	1	2	...	...	...	...	...	1	...	...	...	5
Akyab . . . . .	...	...	...	...	...	1	...	...	2	4	3	3	13	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS . . . . .	3	6	5	10	5	22	15	27	29	29	24	16	191	8	10	11	10	14	11	3	4	7	5	7	4	94
Paungde . . . . .	...	...	...	...	...	1	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	1	1	1
Prome . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	3
Thayetmyo, Central . . . . .	...	...	...	1	...	...	4	...	1	...	...	...	6	...	...	...	...	2	...	2	...	1	...	...	...	5
Magwe . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Yamethin . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Meiktila . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Pagan . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
Myingyan, Central . . . . .	1	3	3	2	3	3	5	1	1	4	2	1	29	...	1	1	...	...	...	...	...	2	1	...	2	7
Mandalay „ . . . . .	1	1	2	1	2	...	3	19	4	6	2	2	43	2	...	...	1	1	1	32	7	1	...	1	...	46
Monywa . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Shwebo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	...	...	...	...	3
Mogok . . . . .	...	...	1	...	...	3	...	...	...	...	...	...	4	...	...	...	...	...	...	1	...	...	...	...	...	1
Bhamo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	2
Katha . . . . .	...	1	...	...	1	1	...	...	...	...	...	...	3	...	...	...	2	...	...	...	1	...	...	...	...	3
GROUP II.—BURMA INLAND . . . . .	2	5	6	4	7	8	13	20	6	10	4	4	89	2	1	2	2	7	2	35	11	4	2	3	3	74
Cachar . . . . .	...	...	...	1	...	2	...	1	1	1	1	...	7	2	...	...	...	2	2	...	...	1	...	...	...	7
Sibsagar . . . . .	...	1	...	3	...	2	2	1	1	...	...	...	10	...	...	3	...	...	1	...	...	...	...	...	...	5
Dibrugarh . . . . .	1	...	...	...	...	...	...	...	...	...	1	3	5	1	...	2	3	1	...	1	...	1	...	...	...	9
Tezpur . . . . .	...	...	...	...	1	...	...	...	2	...	...	2	5	...	...	...	...	...	...	...	1	...	...	...	...	1
Nowgong . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	2	...	...	...	...	1	...	...	...	...	...	...	...	1
Gauhati . . . . .	2	...	4	1	2	5	10	3	1	4	1	1	34	...	3	34	19	17	19	27	29	14	7	2	2	173
Dhubri . . . . .	2	...	1	1	...	2	2	2	...	3	...	...	11	...	...	2	1	1	1	...	...	1	...	...	...	7
Sylhet . . . . .	3	...	6	5	5	6	1	1	6	2	4	2	41	4	2	8	10	9	10	7	19	23	7	6	2	106
GROUP III.—ASSAM . . . . .	8	1	11	11	10	15	15	8	11	10	7	8	115	7	5	49	33	31	33	36	48	39	16	8	4	309
Mymensingh . . . . .	28	19	12	14	6	8	12	18	16	12	20	23	188	...	...	1	...	...	...	...	1	...	...	...	1	3
Dacca, Central . . . . .	17	4	18	13	16	20	36	23	29	43	33	29	281	5	7	16	10	11	6	7	14	11	28	6	...	121
Tippera . . . . .	...	1	6	5	14	20	11	18	16	7	9	9	116	...	...	...	...	...	...	...	...	...	...	...	...	...
Chittagong . . . . .	...	...	...	1	2	1	...	1	...	...	...	1	6	...	...	5	3	3	4	2	4	3	4	2	4	34
Noakhali . . . . .	19	11	12	15	9	4	5	1	7	11	13	4	111	...	...	...	...	...	...	...	...	...	...	1	...	1
Bakarganj . . . . .	6	7	10	16	19	23	18	34	20	40	52	49	294	...	...	2	5	7	3	2	1	1	1	...	1	23
Khulna . . . . .	2	2	...	1	3	2	5	4	1	1	3	2	26	...	...	...	...	...	...	...	...	...	2	...	...	2
Jessore . . . . .	6	23	16	14	4	4	9	10	5	5	4	4														



RAILS AND GROUPS.	ADMISSIONS FROM DYSENTERY IN EACH MONTH.												ADMISSIONS FROM DIARRHŒA IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
<b>A</b>																										
Chaibassa . . .	1	...	...	1	2	2	5	3	3	...	...	...	17	2	...	1	...	...	4	4	...	...	1	1	...	13
Purulia . . .	...	1	1	...	1	...	2	2	1	4	...	2	14	...	1	3	4	6	2	8	1	...	...	1	1	27
Ranchi . . .	9	1	8	7	6	2	15	4	...	...	1	...	53	...	1	3	1	4	3	1	...	...	...	...	14	
Palamau . . .	1	1	1	1	3	1	1	3	1	2	3	...	18	...	2	...	...	1	1	...	...	2	2	4	12	
Hazaribagh, Central	13	27	30	20	23	28	152	90	36	25	24	22	495	7	1	...	...	15	...	54	16	4	1	3	...	101
<b>B</b>																										
Gaya . . .	4	4	12	10	9	6	7	7	1	1	...	...	61	...	...	0	1	4	...	3	2	3	1	...	1	24
Bhagalpur, Central	7	8	16	8	9	15	16	26	26	25	20	14	190	8	4	16	9	14	11	5	62	9	14	8	5	218
Monghyr . . .	5	8	13	1	3	10	9	5	4	8	5	2	73	5	4	8	8	11	6	6	14	5	1	26	4	98
Darbhanga . . .	...	4	2	1	2	4	3	4	3	3	2	...	28	5	16	16	13	24	9	9	4	3	2	3	107	
Champaran . . .	8	...	6	1	3	3	6	23	11	7	3	1	72	...	...	...	...	...	...	...	...	...	...	...	5	
Muzaffarpur . . .	6	6	4	7	2	6	3	5	1	2	9	4	55	...	...	2	1	3	1	1	2	1	...	1	...	12
Patna . . .	7	3	6	2	3	2	4	6	3	5	3	2	46	...	2	4	1	3	3	7	...	...	...	1	...	21
Arrah . . .	1	1	3	4	1	4	9	3	6	2	4	12	50	1	1	1	3	1	2	1	...	...	2	...	12	
Chapra . . .	6	3	4	1	2	...	...	3	...	...	...	1	20	...	...	...	...	...	...	2	...	...	...	...	6	
Buxar, Central	47	26	18	10	2	5	3	8	5	1	5	7	137	11	11	9	6	5	5	6	12	10	2	6	2	85
Ghazipur . . .	2	4	1	1	1	3	2	6	...	1	...	2	23	...	1	...	2	2	...	...	1	...	...	...	1	7
Azamgarh . . .	2	3	4	1	3	3	...	3	3	6	3	1	32	1	...	...	...	...	...	1	1	1	...	...	...	4
Gorakhpur . . .	1	2	2	1	2	10	1	3	9	6	6	...	43	1	2	1	...	...	4	1	1	...	1	1	...	12
Basti . . .	...	...	...	1	...	...	...	...	...	2	...	...	4	...	1	2	...	...	2	...	...	...	...	...	...	5
Fyzabad . . .	...	...	3	1	...	...	...	...	...	1	...	...	5	...	...	1	2	2	...	3	...	2	1	3	...	14
Sultanpur . . .	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	1
Rai Bareilly . . .	1	1	...	1	1	2	...	...	...	1	...	...	7	...	...	...	1	1	2	...	...	...	...	...	...	4
Partabgarh . . .	2	1	1	...	2	...	...	...	...	1	...	...	7	...	...	...	...	1	...	...	...	...	...	...	...	1
Jaunpur . . .	2	1	...	...	...	...	1	1	...	...	...	...	5	2	...	...	...	1	...	1	...	...	1	...	...	5
Benares, Central	5	5	7	7	2	...	...	3	4	3	5	2	43	...	3	4	7	1	1	1	3	1	3	4	3	31
„ District	...	4	...	...	2	2	2	1	...	...	...	1	12	1	1	1	...	1	...	...	1	...	1	...	...	6
Mirzapur . . .	...	...	...	...	...	...	...	1	1	2	2	...	6	...	...	2	...	...	...	...	...	...	...	...	...	...
Allahabad, Central	6	...	2	...	1	2	5	9	13	3	2	...	43	2	...	2	5	...	1	1	1	2	2	2	...	18
„ District	4	3	1	...	3	2	2	...	2	2	1	5	25	1	...	...	1	2	1	3	1	2	...	...	...	11
Karwi . . .	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	2	...	...	...	...	...	2
Banda . . .	...	1	1	...	1	...	...	3	...	...	...	...	6	...	...	2	...	...	...	...	...	...	...	...	...	2
Fatehpur . . .	1	...	1	...	...	...	1	...	...	1	...	...	4	2	2	1	1	2	2	...	1	1	2	...	...	15
Hamirpur . . .	...	...	...	...	1	...	...	2	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Orai . . .	...	...	...	...	1	1	1	1	...	...	...	1	4	...	1	...	...	...	...	...	...	...	1	1	...	3
Cawnpore . . .	3	5	3	2	3	2	5	5	2	...	4	4	38	1	2	3	...	1	2	1	3	2	1	...	...	17
Unao . . .	3	1	1	1	...	1	...	3	4	1	...	1	16	...	...	2	1	1	...	...	...	2	...	...	...	5
Lucknow, Central	5	4	2	...	...	3	10	19	12	6	11	5	77	...	...	2	2	...	2	3	6	6	...	1	4	26
„ District	1	...	1	...	...	1	2	3	4	...	...	3	15	...	...	1	...	1	...	1	2	1	2	...	1	9
Barabanki . . .	1	1	...	2	6	5	2	3	4	3	7	2	36	...	...	...	1	...	2	6	4	...	3	...	1	17
Gonda . . .	...	2	...	1	1	4	4	5	3	3	...	1	24	1	...	...	1	1	3	1	...	...	1	...	1	9
Bahraich . . .	4	3	2	...	1	2	...	3	...	2	2	3	22	1	1	3	...	8	5	7	3	5	8	...	1	42
Kheri . . .	...	...	...	...	...	1	...	1	1	1	...	...	3	...	...	...	...	1	...	...	...	...	1	1	...	3
Sitapur . . .	2	5	3	2	1	3	1	6	7	8	3	1	42	...	...	...	...	...	2	4	1	3	1	1	...	12
Hardoi . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	2	...	1	...	...	...	...	...	...	6
Etawah . . .	2	1	...	...	...	3	2	5	5	...	7	3	23	...	...	...	...	...	...	...	...	...	...	...	...	...
Mainpuri . . .	7	3	...	1	...	...	2	4	...	2	1	3	23	1	1	...	2	1	...	...	2	1	1	...	...	9
Etah . . .	...	...	1	...	...	1	...	...	...	...	1	...	3	1	...	...	2	...	...	...	...	...	...	...	...	3
Fatehgarh, Central	...	...	1	2	2	3	3	...	3	1	5	3	23	...	...	1	...	3	...	...	...	4	...	...	...	8
„ District	1	1	3	1	...	1	1	2	1	3	1	2	17	2	...	...	...	...	...	...	1	3	2	...	1	9
<b>GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . .</b>	<b>171</b>	<b>144</b>	<b>164</b>	<b>99</b>	<b>109</b>	<b>142</b>	<b>283</b>	<b>283</b>	<b>179</b>	<b>148</b>	<b>142</b>	<b>110</b>	<b>1,974</b>	<b>58</b>	<b>59</b>	<b>96</b>	<b>80</b>	<b>122</b>	<b>78</b>	<b>200</b>	<b>148</b>	<b>65</b>	<b>57</b>	<b>72</b>	<b>36</b>	<b>1,071</b>
<b>A</b>																										
Shahjahanpur . . .	1	...	...	...	...	4	5	9	4	2	1	2	28	1	1	...	...	...	...	...	1	2	...	3	1	9
Pilibhit . . .	1	...	...	...	1	...	...	...	...	1	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Bareilly, Central	3	4	9	5	6	6	...	11	21	12	1	4	82	6	6	2	...	3	2	2	15	24	8	3	2	73
„ District	2	2	1	1	2	4	2	2	5	2	1	2	26	...	...	1	1	...	...	1	...	...	...	...	...	3
„ Juvenile	...	...	...	1	...	1	1	...	...	1	...	1	5	...	...	...	...	...	...	...	...	...	1	1	...	2
Budaun . . .	1	2	...	...	1	3	2	1	1	2	...	1	14	1	1	1	...	3	1	...	...	1	...	...	...	8
Aligarh . . .	2	...	3	1	...	...	1	1	2	...	1	1	12	2	...	...	2	1	...	...	1	1	...	...	...	7
Bulandshahr . . .	...	3	...	1	...	...	4	7	3	4	1	...	23	9	1	4	...	...	1	...	...	...	...	...	...	15
Moradabad . . .	2	2	4	3	7	1	4	3	...	3	3	2	34	...	...	...	1	...	2	...	2	...	...	2	...	7
Bijnor . . .	...	1	...	1	...	...	1	...	1	...	...	1	5	...	...	...	...	...	1	...	...	...	...	2	...	3
Dehra Dun . . .	...	1	...	...	...	...	...	1	...	...	...	1	3	...	...	...	...	...	...	1	...	2	...	2	...	5
Saharanpur . . .	5	1	3	2	9	2	6	4	3	6	4	2	47	5	1	2	2	2	1	2	4	2	...	...	...	21
Muzaffarnagar . . .	1	2	...	1	...	...	3	2	...	...	...	...	9	...	...	...	...	1	2	...	...	...	...	1	...	4
Meerut . . .	2	...	1	...	...	...	2	6	...	2	3	3	19	2	...	2	...	...	...	1	3	1	...	1	...	11
Delhi . . .	3	5	2	...	4	1	...	2	1	3	...	2	23	...	3	1	1	1	1	1	4	...	6	2	4	24
Rohtak . . .	...	...	...	...	1	1	...	3	2	1	1	1	10	...	...	2	1	4	...	3	1	...	...	...	...	12
Hissar . . .	1	...	1	...	2	...	...	1	...	...	...	...	5	...	...	1	1	...	...	...	4	...	...	...	...	6
Karnal . . .	1	1	1	1	1	...	1	...	1	1	...	1	9	...	...	...	5	...	...	...	1	...	1	...	...	8
Ambala . . .	3	...	1	...	1	2	5	5	1	2	4	2	26	...	...	1	2	3	...	...	2	4	8	1	...	21
<b>B</b>																										
Ludhiana . . .	...	1	...	...	...	...																				



## PRISONERS, 1909.

TABLE LI—concluded.

DYSENTERY by months, Jails, Groups, and Administrations.

TABLE LII—concluded.

DIARRHŒA by months, Jails, Groups, and Administrations.

JAILS AND GROUPS.	ADMISSIONS FROM DYSENTERY IN EACH MONTH.												ADMISSIONS FROM DIARRHŒA IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
<b>A</b>																										
Peshawar . . .	11	5	5	12	5	6	4	8	4	6	10	8	84	..	..	..	..	..	..	..	..	..	..	..	..	..
Bannu . . .	1	1	1	2	1	1	2	1	1	1	..	..	12	..	..	..	..	..	..	..	..	1	2	1	..	4
Shahpur . . .	..	..	..	1	2	..	2	..	2	3	1	1	12	2	1	3	1	3	7	8	8	5	3	4	3	48
Mianwali . . .	..	..	..	..	1	..	..	1	1	..	..	..	3	2	3	1	1	..	..	..	..	1	..	..	..	8
Jhang . . .	4	1	2	3	1	1	..	..	2	1	1	1	17	..	..	..	..	..	..	1	1	2	3	1	..	8
Montgomery, Central . . .	2	5	4	10	3	5	2	5	9	2	2	21	70	7	3	5	5	2	1	4	7	1	1	..	..	36
Mooltan, Central . . .	..	..	..	2	1	2	4	3	1	2	4	2	21	6	..	1	2	2	1	2	3	2	3	6	3	31
„ District . . .	5	3	4	2	3	..	2	3	2	5	1	1	31	5	2	3	..	1	4	3	2	1	5	6	2	34
Dera Ismail Khan . . .	3	1	3	2	5	4	5	7	3	3	1	1	38	1	2	..	1	1	..	1	2	..	2	..	..	10
Dera Ghazi Khan . . .	..	..	..	1	..	..	..	..	3	1	1	..	6	2	4	1	..	2	..	..	..	2	1	1	1	14
<b>B</b>																										
Sibi . . .	..	..	1	..	..	..	1	..	1	..	2	..	5	..	..	..	..	..	2	..	..	..	..	..	1	3
<b>C</b>																										
Sukkur . . .	1	..	..	2	1	..	..	..	1	2	..	..	7	..	..	..	..	..	..	..	..	..	..	..	..	..
Sind Gang . . .	1	..	..	1	..	..	3	1	1	3	3	3	16	..	..	2	1	4	4	..	6	5	..	3	1	26
Hyderabad, Central . . .	5	2	3	5	5	1	1	5	4	4	12	6	53	1	1	1	2	1	1	3	..	1	1	1	1	14
Karachi . . .	2	2	1	1	4	4	1	5	3	6	2	1	32	..	..	..	1	2	..	1	1	..	..	..	..	5
<b>GROUP VII.—</b>																										
N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJ-PUTANA . . .	35	20	24	44	32	24	27	39	38	39	40	45	407	26	16	17	14	18	20	23	30	21	21	23	12	241
<b>A</b>																										
Rajkot . . .	..	..	..	..	..	..	..	2	..	..	..	..	2	..	..	..	1	..	1	1	1	..	..	2	2	8
Ahmedabad, Central . . .	..	..	..	..	4	1	3	3	1	1	2	5	20	2	..	2	..	2	1	2	1	..	..	3	7	20
<b>B</b>																										
Ajmer . . .	..	..	..	..	..	..	1	4	4	..	..	..	9	..	..	..	..	..	..	..	..	2	1	1	1	4
Muttra . . .	4	1	1	..	..	2	..	..	..	3	..	..	13	1	..	1	3	..	5	4	6	1	..	..	..	21
Agra, Central . . .	2	3	8	6	5	1	2	3	2	5	7	4	48	3	..	3	3	..	..	..	..	2	7	3	4	25
„ District . . .	2	1	1	..	..	..	..	..	..	..	1	..	5	1	1	3	..	..	1	..	2	..	1	..	2	11
Jhansi . . .	2	..	..	..	..	1	2	..	1	..	1	1	8	..	2	1	2	1	..	..	2	1	..	..	..	9
Lalitpur . . .	..	..	..	..	..	..	1	..	1	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
<b>GROUP VIII.—</b>																										
S.-E. RAJPUTANA, CENTRAL INDIA AND GUJARAT . . .	10	5	10	6	9	5	9	12	11	9	11	10	107	7	3	10	9	3	8	7	12	4	10	9	16	98
<b>A</b>																										
Damoh . . .	..	1	..	..	..	..	..	..	1	..	..	..	2	1	..	..	2	4	1	4	4	3	..	2	1	22
Saugor . . .	..	..	2	6	..	..	4	8	4	2	..	..	26	..	..	..	..	1	1	..	3	1	..	..	..	6
Jubbulpore, Central . . .	..	..	..	1	..	..	..	..	..	..	..	..	1	2	2	3	..	1	..	..	..	..	..	..	..	8
Narsinghpur . . .	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	1
Mandla . . .	..	..	..	..	..	..	..	..	1	..	..	1	2	..	..	..	1	..	..	1	1	..	..	..	1	4
Bilaspur . . .	6	1	..	1	..	1	1	1	..	..	1	1	13	..	..	..	..	..	..	..	..	..	..	..	..	..
Sambalpur . . .	7	4	3	..	4	1	2	2	2	1	2	4	32	5	..	..	..	..	..	1	..	..	..	1	..	7
Raipur, Central . . .	2	2	2	2	3	1	11	7	4	4	8	3	49	2	1	1	3	3	3	5	3	1	2	4	..	28
Balaghat . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	2
Seoni . . .	..	..	..	..	..	..	1	..	..	1	2	1	5	..	..	..	1	..	1	..	..	..	..	..	..	1
Chhindwara . . .	..	..	1	1	..	..	..	..	..	..	1	..	3	..	1	..	1	..	1	..	..	..	..	..	..	3
Hoshangabad . . .	..	..	..	..	..	1	2	1	..	..	..	..	4	1	..	..	..	..	..	3	..	..	2	..	..	6
Nimar . . .	..	1	..	..	..	..</																				



JAILS, GROUPS, AND ADMINIS- TRATIONS.	ADMISSIONS FROM DYSENTERY IN EACH MONTH.												ADMISSIONS FROM DIARRHŒA IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL
<b>A</b>																										
Bellary, Central	8	9	1	1	...	1	...	1	1	...	2	...	24	...	...	...	...	...	...	...	...	...	...	...	...	...
Salem „	7	3	...	...	3	6	2	5	10	1	1	...	38	...	...	...	...	...	...	...	...	...	...	...	...	...
Coimbatore „	...	1	1	1	3	88	70	8	5	7	2	1	187	...	...	...	...	...	13	2	...	...	1	2	...	18
<b>B</b>																										
Palamcottah	...	1	1	...	1	...	2	2	...	1	1	...	9	...	...	...	...	...	1	...	1	...	2	2	...	6
Madura	...	...	...	...	...	...	...	2	1	...	...	2	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Trichinopoly,																										
Central	2	3	3	5	4	9	12	12	26	23	15	10	124	...	...	...	...	...	...	...	...	...	...	...	...	...
Tanjore	...	...	...	1	...	1	...	...	...	1	1	...	4	...	...	...	...	...	...	...	...	1	...	1	...	2
Cuddalore	2	...	1	...	2	1	4	3	4	5	5	4	31	...	...	1	1	...	...	1	...	2	...	1	...	6
Vellore, Central	8	2	12	7	4	1	3	9	11	2	2	4	65	...	...	1	...	3	...	2	2	3	2	3	1	17
Madras Civil	...	...	...	...	1	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras Peniten- tiary, Central }	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	1
<b>C</b>																										
Rajahmundry,																										
Central }	14	7	14	7	6	1	4	3	5	2	4	3	70	...	...	...	...	...	...	...	...	...	...	...	...	...
Vizagapatam	6	6	8	4	1	3	10	8	10	8	9	8	81	...	1	...	...	...	...	...	1	1	...	2	...	10
Berhampur	7	1	1	1	4	...	2	4	...	...	...	2	22	1	...	...	...	...	...	...	...	...	...	...	...	1
<b>GROUP XI.—</b> <b>SOUTHERN</b> <b>IND }</b>	55	33	42	27	29	111	110	57	73	50	42	34	663	1	1	3	1	3	15	9	4	6	4	10	4	61
Aijal	...	...	...	...	1	1	1	...	...	1	...	...	4	...	...	...	...	1	1	1	...	...	...	...	1	4
Kohima	...	...	...	...	...	1	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Shillong	...	...	2	1	3	7	7	6	1	1	3	1	32	...	...	...	...	...	1	5	4	...	1	...	1	12
Darjeeling	1	...	...	...	...	...	10	1	2	1	...	...	15	1	...	...	...	...	1	8	8	3	3	...	2	26
Almora	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Pauri	...	...	...	...	...	2	...	2	...	...	...	...	4	...	...	1	...	...	...	...	...	...	...	...	...	1
Naini Tal	...	...	1	...	...	...	...	1	1	1	...	...	4	...	...	...	...	2	2	2	3	2	4	1	2	18
Abbottabad	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	1	...	4
Quetta	...	...	...	1	1	1	1	...	1	3	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Mercara	1	...	...	...	...	...	...	...	1	...	...	...	2	?	...	...	...	...	...	...	...	...	...	...	...	1
<b>GROUP XII.—</b> <b>HILLS }</b>	2	...	4	2	5	12	19	10	6	7	3	2	72	2	...	2	...	5	5	16	15	5	8	2	6	66
<b>EXTRA INDIA.—</b> <b>ADEN }</b>	...	...	...	...	...	...	...	2	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	1	1
<b>INDIA*</b>	502	413	508	404	443	599	563	843	643	604	619	518	6,959	222	199	325	302	279	307	510	476	326	279	272	225	3,822
<b>BURMA</b>	5	11	11	14	12	30	28	47	35	39	28	20	280	10	11	13	12	21	13	38	15	11	7	10	7	168
<b>EASTERN BENGAL</b>	102	71	129	121	104	114	121	135	118	137	147	137	1,436	13	17	95	73	76	64	72	87	68	60	28	23	676
<b>AND ASSAM }</b>	179	165	203	125	148	186	384	318	182	167	212	161	2,430	75	89	111	97	136	92	234	196	106	90	130	100	1,456
<b>BENGAL</b>	86	74	73	47	64	81	84	144	125	107	87	68	1,040	50	29	45	44	42	49	48	72	68	56	30	36	569
<b>UNITED</b>	35	37	23	27	38	18	30	51	52	51	36	50	448	39	27	33	43	50	27	29	57	35	43	29	22	434
<b>PROVINCES }</b>	15	7	9	16	11	11	11	16	8	10	11	9	134	1	2	1	1	3	...	1	2	1	4	2	...	18
<b>PUNJAB</b>	9	5	5	11	3	4	20	21	14	10	17	8	127	8	9	7	14	22	10	25	22	10	7	9	6	149
<b>N.-W. F.</b>	15	6	11	12	24	17	46	42	27	28	32	30	290	22	12	17	15	21	31	50	21	20	6	21	25	261
<b>PROVINCE }</b>	55	37	43	30	38	137	136	65	74	52	45	34	746	3	3	3	3	8	19	13	4	7	4	12	4	83
<b>CENTRAL</b>	80	75	114	123	205	240	273	266	145	162	147	134	1,964	32	20	24	14	31	33	42	35	22	28	24	28	333
<b>PROVINCES }</b>	582	485	622	527	648	839	1,136	1,109	783	766	766	652	8,933	254	219	349	316	410	340	552	511	348	307	296	253	4,155
<b>BOMBAY</b>																										
<b>MADRAS</b>																										
<b>ANDAMANS</b>																										
<b>INDIA†</b>																										

\* Including Ajmer, Sibi, Quetta, Secunderabad and Mercara and excluding Andamans.

† Including Ajmer, Sibi, Quetta, Secunderabad, Mercara and Andamans.

# TABLE LIII.

## DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.†			JAIL POPULA- TION OF INDIA,	
	MEN, 71,556.				WOMEN, 3,913.		CHILDREN, 6,201.		Present	Enrolled		112,240.	
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.	Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
GENERAL DISEASES.													
Infective Diseases :—													
Beri-beri . . . . .	8	1'50	2	3	...	...	...	...	3	1	...	18	1
Blackwater fever . . . . .	3	'27	...	...	...	...	...	...	1	...	...	1	...
Cerebrospinal fever . . . . .	...	...	...	...	...	...	...	...	1	...	...	32	18
Chicken-pox . . . . .	1	'08	...	...	...	...	54	...	147	...	...	447	...
Cholera . . . . .	12	'71	7	...	...	...	...	...	26	18	...	201	115
Cow-pox . . . . .	1	'02	...	...	...	...	1	...	50	...	...	16	...
Dengue . . . . .	221	5'62	...	...	2	...	1	...	12	...	...	...	...
Diphtheria . . . . .	3	'10	2	...	...	...	7	3	2	1	...	...	...
Dysentery . . . . .	801	60'15	18	16	27	1	46	7	4,181	19	5	8,923	534
Endocarditis, infective . . . . .	...	...	...	...	...	...	...	...	1	1	...	...	...
Enteric fever . . . . .	639	147'60	113	9	40	6	36	...	284	57	1	92	22
Enteritis, infective . . . . .	3	'08	1	...	...	...	2	...	1	...	...	312	10
Erysipelas . . . . .	19	1'27	3	...	1	...	...	...	20	...	...	109	18
Gangrene, acute infective . . . . .	...	...	...	...	...	...	...	...	...	...	...	4	2
German measles . . . . .	11	'33	...	...	...	...	2	...	1	...	...	...	...
Gonorrhœa . . . . .	2,697	356'17	...	8	...	...	4	...	835	...	8	470	...
Influenza . . . . .	657	14'53	...	...	...	...	6	...	387	1	...	152	...
Kala-Azar . . . . .	5	'79	2	4	...	...	...	...	11	4	8	3	2
Leprosy . . . . .	...	...	...	...	...	...	...	...	15	1	8	106	10
Madura disease . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Malaria . . . . .	14,511	525'73	26	76	272	3	282	4	23,668	37	36	31,218	178
Malta fever . . . . .	1	'46	...	2	1	...	...	...	15	2	...	2	...
Measles . . . . .	22	1'48	...	...	2	...	156	4	67	...	...	77	...
Mumps . . . . .	8	'44	...	...	1	...	20	1	743	...	...	756	...
Osteo-myelitis and Periostitis, acute infective . . . . .	2	'13	1	...	...	...	...	...	4	...	1	1	...
Phagedæna . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Plague . . . . .	5	'46	1	...	...	...	...	...	16	8	...	14	11
Pneumonia . . . . .	209	18'32	22	...	3	...	12	5	1,555	248	1	1,661	439
Pyæmia . . . . .	4	1'01	1	...	...	...	2	1	2	...	...	8	5
Pyrexia of uncertain origin . . . . .	4,386	149'48	1	...	110	...	180	...	2,925	17	1	1,778	2
Rabies . . . . .	2	'01	2	...	...	...	...	...	2	1	...	4	4
Relapsing fever . . . . .	...	'08	...	...	...	...	1	...	9	...	...	3	...
Rheumatic fever . . . . .	420	35'32	...	7	19	...	4	...	761	4	26	900	8
Scarlet fever . . . . .	23	2'82	...	...	1	...	2	...	...	...	...	...	...
Septicæmia . . . . .	4	'07	4	...	...	...	...	...	5	5	...	10	10
„ puerperal . . . . .	...	...	...	...	1	...	...	...	...	...	...	1	1
Small-pox . . . . .	19	1'91	1	...	8	1	6	...	43	8	...	50	2
Syphilis . . . . .	1,163	159'85	1	26	...	...	...	...	660	1	30	1,581	22
„ inherited . . . . .	...	...	...	...	...	...	1	1	...	...	...	...	...
Tetanus . . . . .	1	'04	1	...	...	...	...	...	3	2	...	9	5
Tubercle of abdomen . . . . .	...	...	...	...	...	...	...	...	1	1	...	...	...
Tubercle of the bones . . . . .	...	...	...	...	...	...	...	...	2	...	2	2	...
Tubercle of brain . . . . .	...	...	...	...	...	...	...	...	1	1	...	2	...
„ „ brain, liver and kidney . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
„ general . . . . .	...	...	...	...	...	...	...	...	3	1	2	...	...
„ of intestines . . . . .	3	'17	2	...	...	...	...	...	2	2	...	43	39
„ „ joints . . . . .	4	'61	...	1	...	...	1	...	3	...	2	4	2
„ „ kidney . . . . .	1	'27	2	...	...	...	...	...	...	...	...	2	2

† Details of the Native Army of India : include troops out of India.



DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
INFECTIVE DISEASES—concl'd.													
Tubercle of knee . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...
„ „ liver . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	2
„ „ larynx . . . . .	...	...	...	...	...	...	...	...	1	...	1	...	...
„ „ lungs . . . . .	80	23'13	8	66	5	3	...	...	308	51	174	1,073	442
„ „ „ and intestines . . . . .	...	...	...	...	...	...	...	...	...	...	...	19	19
„ „ lungs, spleen and kidney . . . . .	1	'04	1	...	...	...	...	...	...	...	...	...	...
„ „ lymphatic glands . . . . .	...	...	...	...	...	...	...	...	7	...	4	75	5
„ „ meninges . . . . .	1	'03	1	...	...	...	...	...	4	4	...	1	1
„ „ nose . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
„ „ pancreas . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
„ „ peritoneum . . . . .	1	'05	1	...	...	...	2	...	6	5	2	4	3
„ „ „ and abdominal glands . . . . .	...	...	...	...	...	...	...	...	1	1	...	...	...
„ „ pleura . . . . .	...	...	...	...	...	...	...	...	1	1	...	1	1
„ „ skin . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...
„ „ spine . . . . .	...	'07	...	...	...	...	...	...	1	...	...	...	...
„ „ testicle . . . . .	4	'84	...	2	...	...	...	...	2	...	...	...	...
„ „ testicles and lymphatic glands . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
„ (not defined) . . . . .	...	...	...	...	...	...	...	...	30	...	16	...	...
Typhus fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	23	7
Whooping-cough . . . . .	...	...	...	...	...	...	21	3	1	...	...	...	...
Yaws . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...
INTOXICATIONS :—													
Alcoholism . . . . .	65	2'20	5	...	...	...	...	...	1	1	...	...	...
Delirium tremens . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Morphinism . . . . .	...	...	...	...	...	...	...	...	...	...	...	10	1
General Diseases not classified as above :—													
Anæmia . . . . .	56	3'49	...	1	45	...	11	1	965	4	28	603	33
„ chronic splenic . . . . .	...	...	...	...	...	...	...	...	1	...	...	56	...
„ pernicious . . . . .	...	...	...	...	...	...	...	...	2	2	...	67	7
Chlorosis . . . . .	1	'06	...	...	2	...	...	...	...	...	...	...	...
Debility . . . . .	1,236	62'45	...	20	724	2	200	6	544	3	47	556	20
Diabetes mellitus . . . . .	6	1'81	1	5	...	...	...	...	10	...	3	13	4
Exophthalmic goitre . . . . .	2	'51	...	...	1	...	...	...	2	...	...	...	...
Gout . . . . .	8	'25	...	...	...	...	...	...	10	...	...	...	...
Hæmophilia . . . . .	1	'16	...	...	...	...	...	...	2	...	...	1	...
Leucocythæmia . . . . .	...	...	...	...	...	...	...	...	4	1	...	2	1
Lymphadenoma . . . . .	...	...	...	...	...	...	...	...	7	...	1	1	...
Obesity . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	...
Old age . . . . .	...	...	...	...	...	...	...	...	...	...	...	6	6
Osteo-arthritis . . . . .	3	'19	...	...	...	...	2	...	23	...	5	2	...

# TABLE LIII—continued.

## DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
General Diseases not classi- fied as above— <i>contd.</i>													
Purpura . . . . .	2	'09	...	...	...	...	1	1	1	...	...	2	1
Rickets . . . . .	...	...	...	...	...	...	4	...	...	...	...	...	...
Scurvy . . . . .	3	'22	...	...	...	...	...	...	182	2	1	58	2
Morbid conditions incident to various parts :													
Congenital malformation Abnormal position of the testicle . . . . .	1	'02	...	...	...	...	...	...	...	...	...	...	...
Congenital malformation—Branchial fistula . . . . .	2	'07	...	...	...	...	...	...	...	...	...	...	...
Congenital malformation—Fissure of upper lip . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Congenital malformation—foramen ovale persistent . . . . .	...	...	...	...	...	...	1	1	...	...	...	...	...
Congenital malformation—harelip . . . . .	1	'02	...	...	...	...	...	...	...	...	...	...	...
Congenital malformation „ single . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	...
Congenital malformation—malforma- tion of urethra . . . . .	2	'01	...	...	...	...	...	...	...	...	...	...	...
Congenital malformation—not de- fined . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Congenital malformation—phimosis . . . . .	26	1'50	...	...	...	...	21	...	2	...	...	...	...
Congenital malformation—testicle diminutive . . . . .	4	'22	...	...	...	...	1	...	...	...	...	...	...
Congenital malformation—undescen- ded . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Cyst . . . . .	35	1'75	...	...	4	...	...	...	60	...	...	16	1
New Growth malignant (n. d.) . . . . .	...	...	...	...	1	1	...	...	2	...	...	6	2
„ Carcinoma . . . . .	6	'47	3	...	4	...	...	...	2	1	1	13	8
„ Epithelioma . . . . .	...	...	...	...	...	...	...	...	...	...	...	6	4
„ Sarcoma . . . . .	3	32	...	1	...	...	...	...	5	1	...	9	5
„ non-malignant (n. d.) . . . . .	5	'24	...	...	1	...	...	...	13	...	...	17	1
„ Adenoma . . . . .	1	'07	...	...	...	...	...	...	1	...	...	...	...
„ Angioma . . . . .	4	'44	...	...	...	...	...	...	...	...	...	3	...
„ Cheloid . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
„ Chondroma . . . . .	1	'02	...	...	...	...	...	...	...	...	...	...	...
„ Endothelioma . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
„ Fibroma . . . . .	13	1'53	...	1	4	...	...	...	14	...	...	5	...
„ Glioma . . . . .	1	'01	1	...	...	...	...	...	1	...	1	...	...
„ Lipoma . . . . .	9	'43	...	...	...	...	...	...	11	...	1	12	...
„ Lymphoma . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
„ Myoma . . . . .	1	'05	...	...	...	...	...	...	1	...	...	1	...
„ Myxoma . . . . .	5	'29	...	...	...	...	...	...	1	...	...	...	...
„ Osteoma . . . . .	11	'88	...	...	...	...	...	...	5	...	1	...	...
„ Papilloma . . . . .	21	1'69	...	...	...	...	1	...	5	...	...	3	...
„ Polypus . . . . .	5	'74	...	...	...	...	...	...	2	...	...	1	...
„ Pterygium . . . . .	3	'13	...	...	...	...	...	...	40	...	1	7	...
„ warts . . . . .	104	6 10	...	...	...	...	...	...	...	...	...	...	...
Parasites :—Ascaris lumbricoides Linnaeus . . . . .	...	...	...	...	...	...	1	...	73	...	...	99	...
„ Bilharzia hæmatobia . . . . .	2	'27	...	3	...	...	...	...	...	...	...	...	...
„ Bothriocephalus latus . . . . .	1	'03	...	...	...	...	1	...	26	...	...	16	...
„ Cysticercus of the tæniæsolium . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
„ Distomum hepaticum . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...



DISEASES.	EUROPEAN ARMY OF INDIA.								NATIV ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Morbid conditions incident to various parts— <i>conclā</i> .													
Parasites :—Echinococcus hominis .	...	'08	...	1	...	...	...	...	2	...	...	1	1
„ Favus . . . . .	...	...	...	...	...	...	...	...	7	...	...	15	...
„ Filaria sanguinis hominis .	...	...	...	...	...	...	...	...	1	...	...	4	...
„ Guinea-worm . . . . .	1	'09	...	...	...	...	...	...	315	...	2	405	...
„ Hæmopsis sanguisuga .	...	...	...	...	...	...	...	...	1	...	...	...	...
„ Lucilia macellaria .	...	...	...	...	...	...	...	...	1	...	...	3	...
„ Microsporon furfur .	...	...	...	...	...	...	...	...	1	...	...	...	...
„ „ minutissimum .	...	...	...	...	...	...	...	...	1	...	...	...	...
„ Musca vomitoria . . .	1	'06	...	...	...	...	...	...	1	...	...	...	...
„ Oidium albicans . . .	...	...	...	...	...	...	2	...	...	...	...	3	...
„ Pediculus capitis . . .	2	'05	...	...	...	...	3	...	2	...	...	2	...
„ „ vestimenti . . . .	3	'03	...	...	...	...	...	...	1	...	...	...	...
„ Phthirus inguinalis .	36	'78	...	...	...	...	...	...	...	...	...	...	...
„ Reduvius personatus .	...	...	...	...	...	...	...	...	1	...	...	...	...
„ Ringworm . . . . .	4	14'82	...	...	...	...	2	...	351	...	...	182	...
„ Scabies . . . . .	291	15'17	...	...	1	...	...	...	1221	...	...	811	1
„ Strongylus duodenalis .	...	...	...	...	...	...	...	...	6	...	1	103	10
„ Tænia saginata Goeze .	15	'34	...	...	1	...	3	...	12	...	...	...	...
„ „ solium Linnæus .	192	5'47	...	...	10	...	9	...	21	...	...	82	1
„ Thread-worm . . . . .	1	'04	...	...	...	...	5	...	3	...	...	64	...
„ Tinea versicolor . . .	4	'18	...	...	...	...	...	...	...	...	...	2	...
LOCAL DISEASES.													
NERVOUS SYSTEM :—													
Abscess of the brain . . .	1	'05	1	...	...	...	...	...	3	3	...	3	3
Acute anterior Poliomyelitis .	1	'11	...	1	...	...	...	...	1	...	...	...	...
Acute ascending paralysis . .	...	...	...	...	...	...	...	...	2	2	...	1	1
Acute delirium . . . . .	1	'18	1	...	...	...	...	...	...	...	...	...	...
Anæmia of the brain . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Anæsthesia . . . . .	1	'01	...	...	...	...	...	...	5	...	...	...	...
Aphasia . . . . .	2	'13	...	...	...	...	...	...	1	...	...	1	...
Apoplexy . . . . .	...	...	...	...	...	...	...	...	1	1	...	4	4
Athetosis . . . . .	1	'38	...	...	...	...	...	...	...	...	...	...	...
Catalepsy . . . . .	1	'07	...	1	...	...	...	...	...	...	...	...	...
Chorea . . . . .	...	...	...	1	...	...	1	...	5	...	2	2	...
Confusional insanity . . . .	1	'54	...	1	...	...	...	...	...	...	...	...	...
Convulsions . . . . .	1	'01	1	...	...	...	...	...	1	1	...	...	...
„ infantile . . . . .	...	...	...	...	...	...	16	13	...	...	...	...	...
„ puerperal . . . . .	...	...	...	...	2	2	...	...	...	...	...	...	...
Cramp . . . . .	1	'16	...	...	...	...	...	...	1	...	...	...	...
Degeneration of the spinal cord .	...	...	...	...	...	...	...	...	1	...	1	...	...
Delirium . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Delusional insanity . . . .	16	4'36	...	13	...	...	...	...	7	...	4	1	...
Dementia . . . . .	8	1'87	...	7	...	...	...	...	4	...	3	11	1
Deplegia . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	...
Disseminated sclerosis . . .	2	'57	...	2	...	...	...	...	1	...	1	1	1
Encephalitis . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	...

# TABLE LIII—continued.

## DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
NERVOUS SYSTEM—contd.													
Epilepsy . . . . .	51	5'68	...	27	...	...	4	...	47	1	16	139	7
Facial hemiatrophy . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Facial spasm . . . . .	...	...	...	...	...	...	...	...	...	...	...	4	...
General paralysis of the insane . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Hæmorrhage into the membranes of the brain . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	...
Hæmorrhage of spinal cord . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Headache . . . . .	72	2'89	...	...	15	...	1	...	56	...	...	38	...
Hemicrania . . . . .	6	'37	...	...	1	...	...	...	29	...	...	36	...
Hemiplegia . . . . .	7	2'42	...	2	...	...	...	...	15	1	5	16	4
Hiccough . . . . .	...	...	...	...	...	...	...	...	2	...	...	3	...
Hyperæmia of the brain . . . . .	...	...	...	...	1	...	...	...	...	...	...	3	3
Hysteria . . . . .	3	'22	...	1	5	...	...	...	12	...	...	2	...
Idiocy . . . . .	...	...	...	...	...	...	1	...	1	...	...	...	...
Impulsive insanity . . . . .	1	'03	...	1	...	...	...	...	1	...	1	...	...
Inflammation of the nerve . . . . .	2	'07	...	...	...	...	...	...	...	...	...	...	...
Insanity of haschisch . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Leptomeningitis (cerebral) . . . . .	1	'17	...	...	...	...	4	3	1	1	...	1	1
„ (spinal) . . . . .	1	'03	1	...	...	...	...	...	...	...	...	2	1
Local paralysis . . . . .	8	'46	...	1	...	...	...	...	31	...	4	5	...
Mania . . . . .	8	1'51	1	7	3	...	...	...	9	...	3	45	5
„ puerperal . . . . .	...	...	...	...	2	1	...	...	...	...	...	...	...
Melancholia . . . . .	23	7'16	...	19	1	...	...	...	17	...	7	12	...
Meningitis, cerebral . . . . .	2	'50	1	1	...	...	9	6	5	4	1	19	16
„ cerebro-spinal . . . . .	...	...	...	...	...	...	...	...	1	1	...	...	...
„ spinal . . . . .	...	...	...	...	...	...	1	1	2	1	...	...	...
Mental stupor . . . . .	3	'71	...	2	...	...	...	...	2	...	1	...	...
Monoplegia . . . . .	2	'12	...	...	...	...	...	...	4	...	...	1	...
Multiple neuritis . . . . .	21	2'31	1	2	1	1	...	...	15	...	...	10	...
Myelitis . . . . .	2	'52	...	2	...	...	...	...	6	1	2	5	3
Neuralgia . . . . .	159	6'72	...	1	17	...	1	...	322	1	6	130	...
Neurasthenia . . . . .	36	3'75	...	4	8	...	...	...	9	...	...	1	...
Neuritis . . . . .	28	2'83	...	2	...	...	...	...	26	...	1	21	...
Pachymeningitis (cerebral) . . . . .	3	'09	3	...	...	...	...	...	...	...	...	2	2
„ (spinal) . . . . .	...	...	...	...	...	...	...	...	1	1	...	...	...
Paralysis . . . . .	1	'02	...	...	...	...	1	...	8	...	...	18	1
Paralysis agitans . . . . .	...	'04	...	...	...	...	...	...	...	...	...	2	...
Paramyoclonus multiplex . . . . .	1	'03	...	...	...	...	...	...	...	...	...	...	...
Paraplegia . . . . .	...	'02	1	...	...	...	...	...	3	...	2	11	2
Posterior sclerosis . . . . .	3	'62	...	...	...	...	...	...	1	...	...	6	...
Postero-lateral sclerosis . . . . .	3	'33	1	...	...	...	...	...	...	...	...	4	...
Post febrile insanity . . . . .	...	...	...	...	...	...	...	...	1	...	1	...	...
Primary lateral sclerosis . . . . .	1	'14	...	1	...	...	...	...	1	1	...	10	1
Progressive muscular atrophy . . . . .	1	'21	...	1	...	...	...	...	...	...	1	1	...
Sanguineous apoplexy . . . . .	7	'38	6	1	...	...	...	...	3	4	...	10	9
Sclerosis of the brain . . . . .	...	...	...	...	...	...	...	...	3	...	1	1	...
Softening of the brain . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Somnambulism . . . . .	1	'26	...	...	...	...	...	...	...	...	...	...	...
Stammering . . . . .	1	'12	...	1	...	...	...	...	...	...	...	...	...



DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
NERVOUS SYSTEM—concl'd.													
Tremor . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Vertigo . . . . .	13	'45	...	...	...	...	...	...	12	...	...	12	...
Wry neck . . . . .	4	'10	...	...	...	...	...	...	3	...	...	2	...
EYE DISEASES—													
Abscess of the eyelids . . . .	3	'17	...	...	...	...	...	...	3	...	...	1	...
Abscess of the lacrymal gland .	...	...	...	...	...	...	...	...	2	...	...	1	...
„ „ sac . . . . .	...	...	...	...	...	...	...	...	4	...	...	1	...
Amblyopia and amaurosis . . .	4	'18	...	2	...	...	...	...	11	...	1	...	...
Ametropia . . . . .	3	'13	...	...	...	...	...	...	2	...	...	...	...
Astigmatism . . . . .	26	1'37	...	6	...	...	...	...	4	...	...	...	...
Atrophy and degeneration of optic nerve . . . . .	6	'27	...	2	...	...	...	...	3	...	2	...	...
Blepharitis marginalis . . . .	19	1'33	...	...	...	...	1	...	6	...	...	17	...
Blepharophimosis . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Choroiditis . . . . .	3	'53	...	1	...	...	...	...	5	...	3	1	...
Chronic dacryo-cystitis . . . .	1	'01	...	...	...	...	...	...	...	...	...	1	...
Conjunctivitis . . . . .	267	14'23	...	...	29	...	101	...	1,789	...	2	1,068	...
„ granular . . . . .	1	'05	...	...	...	...	1	...	166	...	6	40	...
Dacryo-cystitis . . . . .	4	'22	...	...	...	...	...	...	...	...	...	...	...
Degeneration and atrophy of retina	2	'10	...	2	...	...	...	...	...	...	1	...	...
Detachment of choroid . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Detachment of retina . . . .	1	'04	...	...	...	...	...	...	...	...	...	...	...
Diplopia . . . . .	1	'15	...	...	...	...	...	...	...	...	...	...	...
Ecchymosis of the conjunctiva .	...	...	...	...	...	...	...	...	2	...	...	...	...
„ „ eyelids . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Ectropion . . . . .	...	...	...	...	1	...	...	...	1	...	...	...	...
Entropion . . . . .	...	...	...	...	...	...	...	...	...	...	...	7	...
Epiphora (lacrymal apparatus) .	...	...	...	...	...	...	...	...	1	...	...	...	...
Fistula of excretory ducts . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
„ of lacrymal sac . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Functional night blindness . . .	...	...	...	...	...	...	...	...	13	...	3	19	...
Glaucoma . . . . .	2	'12	...	...	...	...	...	...	2	...	1	2	...
Hæmorrhage from the iris . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Hæmorrhage from the vitreous humour . . . . .	1	'05	...	...	...	...	...	...	1	...	...	...	...
Hypermetropia . . . . .	10	'43	...	...	1	...	...	...	5	...	2	...	...
Hypopyon . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Iritis . . . . .	33	3'67	...	...	1	...	1	...	51	...	3	38	...
Keratitis . . . . .	27	3'47	...	2	2	...	...	...	42	...	1	31	...
Keratitis, ulcerative . . . . .	36	2'82	...	2	2	...	...	...	230	...	1	270	...
Lenticular cataract . . . . .	8	'50	...	1	...	...	2	...	14	...	5	27	...
Myopia . . . . .	3	'21	...	2	...	...	...	...	9	...	1	...	...
Necrosis of the orbital bone . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Neuralgia of eyeball . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
Nystagmus . . . . .	3	'08	...	...	...	...	...	...	...	...	...	...	...
Obstruction of nasal duct . . .	1	'18	...	...	...	...	...	...	...	...	...	3	...

## TABLE LIII—continued.

## DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.		
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.	
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.						
EYE DISEASES—concl'd.														
Cedema of the conjunctiva . . .	...	..	...	..	...	...	...	...	2	...	...	...	...	
Cedema of the eyelids . . .	...	...	...	...	...	...	...	...	2	...	...	1	...	
Opacities of the vitreous humour . . .	1	'04	...	1	...	...	...	...	1	...	...	...	...	
Opacity of the cornea . . .	3	'19	...	1	...	...	...	...	23	...	6	10	...	
Optic neuritis . . .	4	'53	...	1	...	...	...	...	3	...	2	...	...	
Panophthalmitis . . .	...	...	...	...	...	...	...	...	...	...	...	1	...	
Presbyopia . . .	...	...	...	...	...	...	...	...	1	...	...	...	...	
Ptosis . . .	...	'03	...	1	...	...	...	...	...	...	...	2	...	
Retinitis . . .	2	'11	...	...	...	...	...	...	1	...	...	1	...	
„ proliferans . . .	1	'19	...	1	...	...	...	...	...	...	...	...	...	
Scleritis . . .	...	...	...	...	...	...	...	...	3	...	...	...	...	
Squint . . .	1	'17	...	1	...	...	2	...	...	...	...	1	...	
Staphyloma . . .	...	...	...	...	...	...	...	...	...	...	...	2	...	
Stye . . .	12	'23	...	...	3	...	...	...	62	...	...	33	...	
Synechia . . .	...	...	...	...	...	...	...	...	2	...	...	...	...	
Trichiasis . . .	...	...	...	...	...	...	...	...	...	...	...	4	...	
EAR DISEASES—														
Accumulation in external meatus of wax and epidermis . . .	7	'19	...	...	...	...	...	...	9	...	...	2	...	
Deafness . . .	8	'58	...	1	...	...	...	...	17	...	6	3	...	
Hæmatoma of the auricle . . .	1	'01	...	...	...	...	...	...	1	...	...	1	...	
Inflammation of the external ear . . .	526	21'71	...	2	12	...	8	...	235	...	3	202	...	
„ „ „ ear, suppu- rative . . .	11	'38	...	...	...	...	...	...	36	...	...	5	...	
Inflammation of the internal ear . . .	1	'30	...	...	...	...	...	...	2	...	1	4	...	
„ „ „ internal ear, sup- purative . . .	...	...	...	...	...	...	...	...	1	...	...	...	...	
Inflammation of the middle ear . . .	150	11'93	...	13	1	...	5	...	117	...	1	64	...	
„ „ „ „ „ sup- purative . . .	29	3'05	2	10	...	...	1	1	70	1	...	97	2	
Necrosis of the external meatus . . .	1	'05	...	...	...	...	...	...	...	...	...	...	...	
Necrosis of ossicles . . .	1	'24	...	...	...	...	...	...	...	...	...	...	...	
Obstruction of Eustachian tube . . .	3	'15	...	...	...	...	...	...	...	...	...	...	...	
Perforation of the membrana tympani . . .	119	9'60	...	23	...	...	...	...	30	...	3	1	...	
Tinnitus . . .	2	'09	...	...	...	...	...	...	...	...	...	...	...	
NOSE DISEASES—														
Abscess of the nose . . .	1	'03	...	...	...	...	...	...	...	...	...	1	...	
Adenoid vegetations . . .	4	'29	...	...	...	...	2	...	...	...	...	...	...	
Coryza . . .	51	1'11	...	...	1	...	...	...	140	...	...	109	...	
Deviations of septum . . .	2	'03	...	...	...	...	...	...	1	...	...	1	...	
Empyema of sinuses . . .	2	'05	...	...	...	...	...	...	1	...	...	...	...	
Epistaxis . . .	8	'48	...	...	...	...	...	...	15	...	...	29	...	
Hæmatoma of septum . . .	1	'06	...	...	...	...	...	...	...	...	...	...	...	
Hypertrophy of skin of nose . . .	1	'08	...	...	...	...	...	...	...	...	...	...	...	
Inflammation of the accessory sinuses . . .	...	...	...	...	...	...	...	...	1	...	1	...	...	
Inflammation of the naso-pharynx . . .	4	'35	...	...	...	...	2	...	12	...	...	16	...	
Necrosis and caries of bones of nose . . .	1	'11	...	...	...	...	...	...	...	...	...	...	...	



DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
NOSE DISEASES—concl'd.													
Ozæna . . . . .	4	'20	...	1	...	...	1	...	3	...	...	16	...
Rhinitis . . . . .	9	'57	...	...	...	...	...	...	55	...	...	4	...
..													
DISEASES OF THE CIRCULATORY SYSTEM—													
Adherent pericardium . . . .	...	...	...	...	...	...	...	...	...	...	..	2	2
Aneurysm . . . . .	7	'88	5	...	...	...	...	...	1	1	1	8	2
„ bursting into lungs. . . .	...	...	...	...	...	...	...	...	...	1	...	...	...
„ by anastomosis . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Angina pectoris . . . . .	1	'09	...	1	...	...	...	...	5	3	...	4	2
Arterial nævus . . . . .	1	'03	...	...	...	...	...	...	...	...	...	...	...
Arterial sclerosis . . . . .	...	...	1	...	...	...	...	...	3	...	1	2	...
Arterio-venous aneurysm . . .	1	'08	...	...	...	...	...	...	...	...	...	1	...
Atheroma of the heart . . . .	...	...	...	...	...	...	...	...	...	...	...	3	4
Capillary nævus . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Dilatation of the heart . . .	13	'77	2	...	...	...	...	...	19	1	4	10	3
Disordered action of the heart .	330	30'42	...	18	1	...	1	...	40	...	8	12	...
Effects of strain on heart . . .	1	'05	...	...	...	...	...	...	14	...	1	...	...
Embolism of arteries . . . . .	1	'08	1	...	...	...	...	...	1	...	...	1	1
Embolus . . . . .	...	...	...	...	1	1	..	...	...	...	...	...	...
Endarteritis . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Endocarditis . . . . .	1	'04	1	...	...	...	...	...	1	...	...	9	6
Excessive growth of fat in the Myo- cardium . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1
Fatty degeneration of the Myocar- dium . . . . .	1	...	3	...	...	...	...	...	3	2	...	24	18
Hypertrophy of the heart . . .	2	'27	1	...	...	...	...	...	1	...	..	2	1
Myocarditis . . . . .	...	...	1	...	...	...	...	...	1	...	...	1	1
Obstruction of veins . . . . .	1	'06	...	...	...	...	...	...	...	...	...	...	...
Pericarditis . . . . .	2	'32	...	...	...	...	...	...	9	1	1	11	7
Phlebitis . . . . .	20	'67	...	1	...	...	..	...	11	...	...	3	...
Raynaud's disease . . . . .	...	...	...	...	...	...	...	...	4	...	...	...	...
Rupture of artery . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	2
Syncope . . . . .	6	'13	4	...	...	...	3	3	7	12	...	5	8
Thrombosis of arteries . . . .	5	1'30	...	...	...	...	...	...	1	...	...	1	1
„ „ veins . . . . .	12	'86	...	...	...	...	...	...	7	...	...	2	...
Thrombus . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Valvular disease of the heart . .	98	14'24	11	53	6	1	...	...	55	9	21	146	37
Varicose aneurysm . . . . .	2	'01	...	...	...	...	...	...	...	...	...	...	...
Varix . . . . .	100	9'37	..	2	5	...	...	...	10	...	8	4	...
Venous nævus . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
DISEASES OF THE RESPIRATORY SYSTEM—													
Abscess of the lungs . . . . .	2	'30	...	...	...	...	...	...	...	...	...	3	3
Adhesions of pleura . . . . .	1	'03	...	...	...	...	...	...	1	...	...	...	...
Atelectasis . . . . .	...	...	...	...	...	...	6	5	...	...	...	...	...
Bronchitis . . . . .	715	33'80	1	2	35	...	303	5	2,045	3	14	2,009	32
Broncho-pneumonia . . . . .	19	2'31	3	2	1	...	24	10	87	15	2	47	9

## TABLE LIII—continued.

## DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.						
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.	Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
DISEASES OF THE RESPIRATORY SYSTEM—concl'd.													
Cirrhosis of the lungs . . . .	1	'45	...	1	1	...	...	...	2	...	...	8	2
Collapse of lung . . . .	1	'02	1	...	...	...	...	...	...	...	...	...	...
Collie's lung . . . .	1	'48	...	...	...	...	...	...	...	...	...	...	...
Congestion of the lungs . . . .	...	...	...	...	...	...	...	...	3	...	...	13	2
Dilatation of bronchi . . . .	...	...	...	...	...	...	...	...	...	...	...	4	3
Empyema of pleura . . . .	3	'39	1	...	...	...	...	...	6	1	...	6	5
Emphysema of the lungs . . . .	3	'06	...	1	...	...	...	...	8	1	...	11	5
Gangrene of the lungs . . . .	...	...	...	...	...	...	...	...	...	...	...	20	15
Hæmoptysis . . . .	6	'48	...	...	...	...	...	...	11	1	...	36	1
Hydrothorax . . . .	...	...	...	...	...	...	...	...	6	...	2	3	1
Laryngitis . . . .	48	2'42	...	1	2	...	1	...	132	1	...	25	2
Œdema of the glottis . . . .	...	'01	...	...	...	...	...	...	...	...	...	...	...
„ „ „ lungs . . . .	...	...	...	...	...	...	...	...	...	...	...	4	3
Paralysis of larynx . . . .	1	'13	...	1	...	...	...	...	...	...	...	...	...
Phthisis not defined as tubercle .	2	'68	...	2	...	...	...	...	2	...	1	...	...
Pleurisy . . . .	87	6'24	...	1	2	...	...	...	342	4	8	199	11
Pneumoconiosis . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Pneumothorax . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Pulmonary apoplexy . . . .	...	...	1	...	...	...	...	...	...	...	...	1	1
Spasmodic asthma . . . .	23	1'69	...	1	4	...	...	...	172	1	7	664	7
Stricture of bronchi . . . .	...	...	...	...	...	...	...	...	1	...	1	...	...
Tracheitis . . . .	1	'03	...	...	...	...	...	...	1	...	...	...	...
Ulceration of larynx . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
DISEASES OF THE DIGESTIVE SYSTEM—													
Abscess of the liver . . . .	100	17'62	34	17	1	...	...	...	11	6	...	9	7
Adhesions of peritoneum . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Appendicitis . . . .	120	13'57	6	5	3	1	1	...	63	4	...	21	1
Ascites . . . .	...	'07	...	...	...	...	...	...	14	1	1	20	5
Atrophy of the intestines . . . .	...	...	...	...	...	...	2	1	...	...	...	...	...
Biliary colic . . . .	4	'13	...	...	2	...	...	...	10	...	...	7	...
Caries of alveoli . . . .	54	'99	...	...	...	...	...	...	4	...	...	1	...
„ of dentine . . . .	236	10'13	...	3	7	...	2	...	38	...	...	24	...
Cholecystitis . . . .	44	1'91	...	...	1	...	1	...	17	...	...	121	4
Cirrhosis of the liver . . . .	4	'21	2	...	...	...	...	...	5	2	...	68	34
Colic . . . .	356	8'25	...	...	29	...	1	...	286	1	...	346	...
Colitis . . . .	76	4'84	2	...	5	...	10	1	32	1	1	107	10
Congestion of the liver . . . .	201	10'21	...	1	4	...	1	...	24	...	...	31	...
Constipation . . . .	104	2'70	...	...	22	...	13	...	202	...	...	239	...
Degeneration of stomach . . . .	1	'01	...	...	...	...	...	...	...	...	...	...	...
Diarrhœa . . . .	898	28'89	1	1	76	...	261	26	1,006	5	1	4,155	111
Dilatation of intestines . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
„ „ stomach . . . .	6	'89	...	1	...	...	...	...	3	...	...	2	...
„ „ „ gall bladder . . . .	1	'15	...	...	...	...	...	...	...	...	...	...	...
Disorders of dentition . . . .	...	...	...	...	...	...	43	5	...	...	...	...	...
Elongated uvula . . . .	...	...	...	...	...	...	...	...	3	...	...	8	...
Enteralgia . . . .	...	...	...	...	2	...	...	...	...	...	...	...	...



DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
DISEASES OF THE DIGESTIVE SYSTEM-- <i>contd.</i>													
Enteritis . . . . .	92	3'37	2	...	3	...	41	23	117	5	...	553	39
Excessive appetite . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Fæcal accumulation in the intestines	5	'10	...	...	1	...	...	...	...	...	...	12	...
Fatty degeneration of liver . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Fissure of the anus . . . . .	15	1'33	...	...	...	...	...	...	17	...	...	7	...
"    "    lips . . . . .	...	...	...	...	...	...	...	...	3	...	...	...	...
Fistula in ano . . . . .	25	2'38	...	...	...	...	...	...	35	...	...	67	...
Gallstones . . . . .	...	...	...	...	1	...	...	...	3	...	...	2	2
Gangrene of the mouth . . . . .	...	...	...	...	...	...	...	...	...	...	...	6	5
Gastralgia . . . . .	...	...	...	...	2	...	...	...	2	...	...	2	...
Gastritis . . . . .	135	6'50	3	...	24	...	6	...	60	3	...	98	2
General hypertrophy of gums . . . . .	...	'16	...	...	...	...	...	...	...	...	...	...	...
Glossitis . . . . .	4	'09	...	...	...	...	...	...	14	...	...	3	...
Gum-boil . . . . .	148	5'63	...	...	2	...	...	...	124	...	...	195	...
Hæmatemesis . . . . .	2	'19	...	...	...	...	...	...	1	...	...	8	1
Hæmorrhage from the intestines . . . . .	...	...	...	...	...	...	...	...	3	...	...	2	...
Hæmorrhage from the rectum . . . . .	1	'04	...	...	...	...	...	...	1	...	...	...	...
Hæmorrhage from the stomach . . . . .	1	'03	...	...	...	...	...	...	...	...	...	...	...
Heartburn . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
Hepatitis . . . . .	315	23'46	1	4	4	...	...	...	57	...	1	44	2
Hernia . . . . .	121	13'63	...	3	...	...	5	...	29	1	3	58	1
Hypertrophy of lips . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
"    "    tonsils . . . . .	7	'25	...	...	...	...	4	...	4	...	...	...	...
Impaction of teeth . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Indigestion . . . . .	367	14'17	...	2	52	...	16	...	297	...	3	612	1
Inflammation of the dental pulp . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
"    "    "    periosteum . . . . .	36	1'12	...	...	...	...	3	...	6	...	...	2	...
Inflammation of the gums and periosteum . . . . .	9	'51	...	...	...	...	...	...	48	...	...	29	...
Inflammation of the intestines . . . . .	3	'10	...	...	...	...	2	2	7	...	...	1	1
"    "    jaws . . . . .	3	'42	...	...	...	...	...	...	2	...	...	...	...
"    "    lips . . . . .	...	...	...	...	...	...	1	...	5	...	...	...	...
"    "    pancreas . . . . .	...	...	...	...	...	...	...	...	1	1	...	1	1
"    "    pharynx and œsophagus . . . . .	40	1'26	...	...	3	...	1	...	80	...	...	35	1
Inflammation of the salivary glands . . . . .	6	'14	...	...	...	...	1	...	19	...	...	18	1
Intestinal indigestion . . . . .	...	...	...	...	...	...	2	3	...	...	...	...	...
Intussusception . . . . .	2	'40	2	...	...	...	...	...	...	...	...	1	1
Ischio-rectal abscess . . . . .	15	1'16	...	...	...	...	...	...	21	...	...	18	...
Jaundice . . . . .	200	10'62	...	...	4	...	9	1	244	1	...	267	10
Loss of appetite . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Melæna . . . . .	1	'03	1	...	...	...	...	...	...	...	...	7	...
Necrosis of alveoli . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
"    "    jaw . . . . .	4	'67	...	...	...	...	...	...	1	...	1	3	1
Obstruction of intestines . . . . .	1	'14	...	...	...	...	...	...	5	3	...	28	13
Omental hernia . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Paresis of stomach and intestines . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Perforation of intestines . . . . .	...	...	...	...	...	...	...	...	1	1	...	2	2
Perihepatitis . . . . .	1	'08	...	...	...	...	...	...	6	...	...	4	...

## TABLE LIII—continued.

## DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
DISEASES OF THE DIGESTIVE SYSTEM—concl'd.													
Periproctitis . . . . .	15	2'32	...	...	...	...	...	...	17	...	..	11	1
Peritonitis . . . . .	2	'09	2	...	2	1	2	1	16	10	...	13	11
Peritonsillar abscess . . . . .	1	'02	1	...	...	...	...	...	...	...	...	...	...
Piles . . . . .	359	18'81	...	1	4	...	...	...	162	...	3	502	..
Post-pharyngeal abscess . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Proctitis . . . . .	2	'02	...	...	...	...	...	...	1	...	...	2	...
Prolapse of the rectum . . . . .	10	'72	..	...	...	...	7	...	4	...	...	32	...
Quinsy . . . . .	94	2'40	...	...	1	...	...	...	17	...	...	45	...
Salivary calculus . . . . .	1	'06	...	...	...	...	...	...	...	...	...	...	...
Salivary fistula . . . . .	...	...	...	...	..	...	...	...	...	...	...	2	...
Sore throat . . . . .	295	7'81	...	...	13	...	7	...	109	...	...	65	...
Sprue . . . . .	1	'22	...	...	...	...	...	...	1	...	...	2	1
Stomatitis . . . . .	9	'57	...	...	...	...	5	...	63	...	...	98	...
Suppuration of the periosteum, gums and alveoli with destruction of alveolar edges . . . . .	7	'27	...	...	...	...	...	...	55	1	2	18	1
Suppuration of the salivary glands . . . . .	1	'04	...	...	...	...	...	...	...	...	...	...	...
Tonsillitis . . . . .	1,234	43'42	...	...	35	...	44	1	242	...	...	59	...
Toothache . . . . .	...	...	...	...	...	...	...	...	6	...	...	3	...
Tympanites . . . . .	1	'03	...	...	...	...	...	...	...	...	...	...	...
Ulceration of the gums and periosteum . . . . .	1	'02	...	...	...	...	...	...	2	...	...	43	...
Ulceration of the intestines . . . . .	1	'04	...	...	...	...	...	...	4	1	...	12	3
"  "  "  perforating . . . . .	...	...	...	...	...	...	...	...	...	...	...	4	3
"  "  lips . . . . .	...	...	...	...	...	...	...	...	1	...	...	2	...
"  "  mouth . . . . .	1	'08	...	...	1	...	1	...	11	...	...	4	...
"  "  palate and fauces . . . . .	4	'20	...	...	...	...	...	...	4	...	...	...	...
"  "  pharynx . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
"  "  rectum and anus . . . . .	1	'02	...	...	...	...	...	...	3	...	...	5	...
"  "  stomach . . . . .	2	'13	...	...	4	...	...	...	5	...	1	8	2
"  "  "  perforating . . . . .	...	...	...	...	...	...	...	...	...	...	...	5	6
"  "  tongue . . . . .	1	'04	...	...	...	...	...	...	2	...	...	3	...
Volvulus . . . . .	2	'01	2	...	...	...	...	...	1	1	...	3	1
Vomiting . . . . .	...	...	...	...	2	...	2	...	4	...	...	1	...
Yellow atrophy of the liver (acute) . . . . .	...	...	...	...	...	...	...	...	1	1	...	4	4
DISEASES OF THE LYMPHATIC SYSTEM—													
Abscess of spleen . . . . .	1	'06	1	...	...	...	...	...	...	...	...	2	2
Congestion of " . . . . .	1	'05	...	...	...	...	...	...	1	...	...	2	...
Elephantiasis of the lymphatic vessels . . . . .	...	...	...	...	...	...	...	...	...	...	...	5	...
Fibrosis of lymphatic glands . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Hypertrophy of lymphatic glands . . . . .	1	'04	...	...	..	...	1	...	5	...	...	6	...
Inflammation of lymphatic glands . . . . .	426	42'56	...	2	1	...	11	...	355	...	2	231	...
"  "  vessels . . . . .	18	'66	...	...	1	...	...	...	12	1	...	17	...
Lardaceous disease of spleen . . . . .	...	...	...	...	...	...	...	...	1	...	..	5	...
Perisplenitis . . . . .	1	'03	...	...	...	...	...	...	2	...	...	...	...
Rupture of spleen . . . . .	...	..	...	...	...	...	1	...	...	...	...	1	1
Splenitis . . . . .	14	'33	...	...	3	...	1	...	128	...	2	43	1
Suppuration of lymphatic glands . . . . .	42	3'61	...	...	...	...	1	...	44	1	...	125	...



DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.		
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.	
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.						
DISEASES OF THE THYROID GLAND:—														
Inflammation of the thyroid gland .	...	...	...	...	...	...	...	...	2	...	...	1	...	
Goitre . . . . .	14	1'05	...	...	...	...	1	...	15	...	...	2	...	
DISEASES OF THE URINARY SYSTEM—														
Abscess of kidney . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...	
Acute nephritis . . . . .	18	1'52	4	4	1	...	1	...	15	6	2	32	6	
Albuminuria . . . . .	8	'46	...	1	1	...	...	...	...	...	...	11	1	
Bacilluria . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...	
Bright's disease . . . . .	1	'06	...	...	...	...	...	...	1	...	...	130	28	
Calculus in kidney . . . . .	9	1'01	...	...	1	...	...	...	6	...	...	2	1	
„ pelvis of kidney . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1	
„ in the bladder . . . . .	1	'31	...	...	...	...	...	...	16	1	..	11	...	
„ ureters . . . . .	1	'04	...	...	...	...	...	...	...	...	...	...	...	
Chronic nephritis . . . . .	11	1'09	2	5	3	...	...	...	8	...	5	16	6	
Chyluria . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...	
Diabetes insipidus . . . . .	2	'58	...	...	...	...	...	...	4	...	...	9	...	
Granular kidney . . . . .	8	1'64	1	2	...	..	...	...	4	...	1	7	7	
Hæmaturia . . . . .	19	1'53	...	...	...	...	...	...	12	...	...	14	...	
Hæmoglobinuria . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...	
Hernia of the bladder . . . . .	1	'18	...	1	...	...	...	...	...	...	...	...	...	
Ileo vesical fistula . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...	
Incontinence of urine . . . . .	26	1'04	...	...	2	...	1	...	4	...	...	4	...	
Inflammation of the bladder . . . . .	18	1'09	...	...	5	...	...	...	15	...	...	26	3	
Irritability „ „ . . . . .	2	'05	...	...	...	...	...	...	2	...	...	...	...	
Lithuria . . . . .	2	'09	...	...	...	...	...	...	5	...	...	...	...	
Movable kidney . . . . .	4	'17	...	...	...	...	...	...	1	...	...	...	...	
Phosphaturia . . . . .	1	'01	...	...	...	...	...	...	...	...	...	...	...	
Pyelitis . . . . .	1	'19	...	1	1	...	...	...	...	...	...	...	...	
Pyonephrosis . . . . .	...	...	...	...	...	...	...	...	...	...	...	8	3	
Renal colic. . . . .	6	'55	...	...	...	...	...	...	41	...	...	10	...	
Retention of urine . . . . .	8	'29	...	...	...	...	...	...	8	...	...	10	...	
Stricture of ureters . . . . .	...	...	...	...	...	...	...	...	1	...	...	2	...	
Suppression of urine. . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...	
Waxy disease of kidney. . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...	
DISEASES OF THE MALE ORGANS OF GENERATION—														
Abscess of the prostate . . . . .	2	'13	...	...	...	...	...	...	...	...	...	2	1	
„ „ scrotum . . . . .	6	'52	...	...	...	...	...	...	6	...	...	14	...	
„ „ spermatic cord . . . . .	1	'02	...	...	...	...	...	...	...	...	...	...	...	
„ „ testicle . . . . .	...	...	...	...	...	...	...	...	1	...	...	3	...	
„ „ urethra . . . . .	2	'11	...	...	...	...	...	...	...	...	...	...	...	
Balanitis . . . . .	87	2'71	...	...	...	..	...	...	6	...	...	5	...	
Calculus in prostate . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...	
Condyloma of penis . . . . .	1	'12	...	...	...	...	...	...	4	...	...	11	...	
Epididymitis . . . . .	19	1'05	...	...	...	...	...	...	28	...	...	4	...	
Extravasation of urine . . . . .	1	'02	...	...	...	...	...	...	1	...	...	...	...	

TABLE LIII—*continued*.

*DETAIL of DISEASES.*

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.						
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.	Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
DISEASES OF THE MALE ORGANS OF GENERATION—concl'd.													
Fistula of scrotum . . . . .	...	...	...	...	...	...	...	...	1	...	...	3	..
Gangrene of the penis . . . . .	...	...	..	...	...	...	...	...	...	...	...	2	..
Gleet . . . . .	1	'07	...	...	...	...	...	...	1	...	...	2	...
Hæmatocele of the spermatic cord .	3	'13	...	...	...	...	...	...	...	...	...	...	...
"  "  tunica vagina- lis . . . . .	1	'04	...	...	...	...	...	...	1	...	...	3	...
Hæmorrhage from the urethra .	1	'02	...	...	...	...	...	...	1	...	...	...	...
Hernia testis . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
Hydrocele of the spermatic cord .	...	...	...	...	...	...	...	...	7	...	1	50	...
"  "  tunica vaginalis .	39	2'64	...	...	...	...	...	...	34	...	...	53	...
Hypertrophy of the prepuce . .	2	'13	...	...	...	...	...	...	...	...	...	...	...
Hypertrophy of the prostate . .	...	...	...	...	...	..	...	...	1	...	...	3	...
Impacted calculus . . . . .	...	...	...	...	...	...	...	...	2	...	...	1	...
Impotence . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Inflammation of the prostate . .	2	'09	...	...	...	...	...	...	...	...	...	1	...
"  "  scrotum . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
"  "  spermatic cord .	3	'12	...	...	...	...	...	...	2	...	...	4	...
"  "  testicle . . . . .	1	'02	...	...	...	...	...	...	...	...	...	117	...
Œdema of the penis . . . . .	1	'01	...	...	...	...	...	...	4	...	...	...	...
"  "  prepuce . . . . .	1	0'4	...	...	...	...	...	...	...	...	...	1	...
"  "  scrotum . . . . .	1	'02	...	...	...	...	...	...	...	...	...	...	...
Orchitis . . . . .	235	12'16	...	...	...	...	2	...	218	...	...	16	...
Paraphimosis . . . . .	15	'72	...	...	...	...	...	...	5	...	...	7	...
Phimosis . . . . .	68	3'71	...	...	...	...	...	...	23	...	...	91	...
Posthitis . . . . .	1	'01	...	...	...	...	...	...	...	...	...	...	...
Pruritus of scrotum . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Sloughing of the scrotum . . . .	...	...	...	...	...	...	...	...	1	1	...	6	4
Soft chancre of the penis . . . .	994	93'40	...	...	...	...	...	...	669	...	1	154	...
"  "  "  scrotum . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Spermatorrhœa . . . . .	...	...	...	...	...	...	...	...	1	...	...	2	...
Stricture of the urethra . . . .	25	1'88	1	1	...	...	1	...	15	...	1	60	2
Ulcer of the penis . . . . .	9	'51	...	...	...	...	...	...	26	...	...	39	...
Urethral fistula . . . . .	...	...	...	...	...	...	...	...	3	1	...	11	...
Urethritis . . . . .	35	1'81	...	...	...	...	...	...	18	...	...	12	1
Variocoele . . . . .	76	6'40	...	...	..	...	...	...	7	...	...	...	...
DISEASES OF THE FEMALE ORGANS OF GENERATION--													
Abortion . . . . .	...	...	...	...	124	...	...	...	...	...	...	8	...
Abscess of breast consequent on parturition . . . . .	...	...	...	...	2	...	...	...	...	...	...	1	...
Amenorrhœa . . . . .	...	...	...	...	2	...	...	...	...	...	...	1	...
Asphyxia of infant . . . . .	...	...	...	...	...	...	2	2	...	...	...	...	...
Cramp and spurious labour pains .	...	...	...	...	11	..	...	...	...	...	...	...	...
Dropsy of amnion . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Dysmenorrhœa . . . . .	...	...	...	...	9	...	...	...	...	...	...	...	...
Endometritis (No. 785a) . . . .	...	...	...	...	28	...	...	...	...	...	...	1	...
Erosion of cervix uteri . . . .	...	...	...	...	10	...	...	...	...	...	...	...	...
Gangrene of uterus . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...



DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
DISEASES OF THE FEMALE ORGANS OF GENERATION—concl'd.													
Hæmorrhage during parturition . . . . .	...	...	...	...	1	...	...	...	...	..	...	...	...
„ from uterus (No. 788) . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
„ from uterus during preg- nancy . . . . .	...	...	...	...	5	...	...	...	...	...	...	...	...
Hæmorrhagic mole . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Hæmorrhage, unavoidable from placenta prævia . . . . .	...	...	...	...	4	1	...	...	...	...	...	1	...
Hypertrophy of uterus . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Inflammation of fallopian tube . . . . .	...	...	...	...	1	...	...	...	...	...	...	2	...
„ „ ovary . . . . .	...	...	...	...	14	...	...	...	...	...	...	...	...
„ „ vagina . . . . .	...	...	...	...	1	...	...	...	..	...	...	1	..
„ „ vulva . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Laceration of the cervix uteri . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	...
Leucorrhœa . . . . .	...	...	...	...	9	...	...	...	...	...	...	3	...
Mastitis, consequent on parturition . . . . .	...	...	...	...	1	...	...	...	...	...	...	4	...
Menorrhagia . . . . .	...	...	...	...	27	...	...	...	...	...	...	5	...
Metritis (No. 785) . . . . .	...	...	...	...	3	...	...	...	...	...	...	1	...
„ in pregnancy . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Metrorrhagia . . . . .	...	...	...	...	12	...	...	...	...	...	...	1	...
Missed labour . . . . .	...	...	...	...	2	...	...	...	...	...	...	1	...
Œdema of labia . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	...
Over-distension of the uterus . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Parametritis (No. 783b) . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	...
Parametritis consequent on parturi- tion . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Perimetritis (No. 783a) . . . . .	...	...	...	...	2	...	...	...	...	...	...	1	...
Perimetritis consequent on parturition	...	...	...	...	1	...	...	...	...	...	...	...	...
Premature birth . . . . .	...	...	...	...	...	...	15	15	...	...	...	...	...
Post-partum hæmorrhage . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Prolapse of vagina . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Prolapsus of uterus . . . . .	...	...	...	...	6	...	...	...	...	...	...	1	...
Puerperal sapræmia . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Retention of placenta . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
„ „ placental fragments . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Retroflexion of uterus . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	...
Retroversion of uterus . . . . .	...	...	...	...	3	...	...	...	...	...	...	...	...
Rupture of perineum . . . . .	...	...	...	...	1	...	...	...	...	...	...	1	...
Stricture of cervicle canal . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Subinvolution of the uterus . . . . .	...	...	...	...	1	...	...	...	...	...	...	1	...
Sudden death after delivery . . . . .	...	...	...	...	2	2	...	...	...	...	...	...	...
Ulcer of the uterus . . . . .	...	...	...	...	3	...	...	...	...	...	...	...	...
Vaginismus . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	...
Vesico-vaginal fistula . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
DISEASES OF THE FEMALE BREAST—													
Abscess of the areola . . . . .	...	...	...	...	4	...	...	...	...	...	...	...	...
Chronic abscess of breast . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Inflammation of mammary glands . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...

TABLE LIII—continued.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis-sions.	Deaths.	Invalids.	Admis-sions.	Deaths.
	Admis-sions.	Constantly sick.	Deaths.	Invalids.	Admis-sions.	Deaths.	Admis-sions.	Deaths.					
DISEASES OF THE FEMALE BREAST— <i>concl'd.</i>													
Inflammation of mammary glands puerperal . . . . .	...	...	...	...	3	...	...	...	...	...	...	...	...
Suppuration of the mammary gland . . . . .	...	...	...	...	4	...	...	...	...	...	...	3	...
Suppuration of the mammary gland, puerperal . . . . .	...	...	...	...	4	1	...	...	...	...	...	...	...
DISEASES OF THE MALE BREAST—													
Hypertrophy of the breast . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Inflammation of the breast . . . . .	1	03	...	...	...	...	...	...	1	...	...	1	...
DISEASES OF THE ORGANS OF LOCOMOTION—													
Abscess of bursæ . . . . .	3	11	...	...	...	...	...	...	10	...	...	1	1
„ of muscles . . . . .	5	15	...	...	...	...	...	...	9	...	...	1	...
Adhesions of tendons . . . . .	1	11	...	...	...	...	...	...	...	...	...	...	...
Ankylosis . . . . .	...	02	...	...	...	...	...	...	8	...	3	1	...
Atrophy of muscles . . . . .	...	08	...	1	1	...	...	...	2	...	...	1	...
Bunion . . . . .	7	15	...	...	...	...	...	...	1	...	...	...	...
Bursal cyst . . . . .	...	...	...	...	...	...	...	...	5	...	...	4	...
Caries of bones . . . . .	1	06	...	...	...	...	...	...	4	...	...	18	1
„ „ spine . . . . .	2	58	...	2	...	...	...	...	1	...	1	3	1
Chronic abscess of bones . . . . .	2	28	...	...	...	...	...	...	...	...	...	1	...
Club-foot . . . . .	2	04	...	...	...	...	1	...	...	...	...	...	...
Contraction of fasciæ . . . . .	4	32	...	1	...	...	...	...	...	...	...	...	...
Contraction of tendons . . . . .	7	39	...	...	...	...	...	...	...	...	...	...	...
Contracture of muscles . . . . .	...	04	...	...	...	...	...	...	...	...	...	...	...
Coxa vara . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	...
Deformities of toes . . . . .	2	18	...	1	...	...	...	...	...	...	...	...	...
Dislocation of intra-articular cartilage . . . . .	16	187	...	1	...	...	...	...	1	...	...	...	...
„ „ bone . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Excessive formation of callus in bones . . . . .	...	01	...	...	...	...	...	...	...	...	...	...	...
Fibrous ankylosis . . . . .	1	05	...	...	...	...	...	...	...	...	...	...	...
Flat foot . . . . .	20	129	...	8	...	...	...	...	4	...	1	1	...
Fracture-dislocation of spine . . . . .	1	03	...	1	...	...	...	...	...	...	...	...	...
Ganglion . . . . .	6	30	...	...	...	...	...	...	5	...	...	1	...
Hallux varus . . . . .	4	17	...	...	...	...	...	...	...	...	...	...	...
Hallux valgus . . . . .	17	130	...	1	...	...	...	...	...	...	...	...	...
Hammer toe . . . . .	51	363	...	2	...	...	...	...	1	...	...	...	...
Hypertrophy of bone . . . . .	1	07	...	...	...	...	...	...	...	...	...	...	...
Inflammation of bursæ . . . . .	36	206	...	...	...	...	...	...	28	...	...	6	...
„ „ joints (not defd.) . . . . .	9	83	...	...	...	...	...	...	12	...	...	1	1
„ „ muscles . . . . .	6	24	...	...	...	...	...	...	5	...	...	4	...
„ „ spine . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Inflammation of tendons . . . . .	1	05	...	...	...	...	...	...	2	...	...	...	...
Lateral curvature of spine . . . . .	5	93	...	2	...	...	...	...	2	...	...	...	...
Loose body (in joint) . . . . .	7	123	...	1	...	...	...	...	2	...	1	...	...



DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
DISEASES OF THE ORGANS OF LOCO- MOTION—concl'd.													
Lumbago . . . . .	49	2'29	...	1	1	...	...	...	197	...	2	...	...
Myalgia . . . . .	277	10'49	...	...	9	...	...	...	345	...	4	238	...
Necrosis of bones . . . .	7	'45	...	...	...	...	...	...	5	...	1	21	...
„ spine . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Osteitis . . . . .	6	'49	...	1	...	...	...	...	8	...	...	1	...
Osteo-myelitis (chronic) . .	...	'16	...	1	...	...	...	...	...	...	...	...	...
Periostitis . . . . .	51	2'54	...	...	4	...	2	...	75	...	3	32	...
„ circumscribed . . . .	2	'04	...	...	...	...	...	...	4	...	...	...	...
Posterior curvature of spine .	...	...	...	...	...	...	...	...	1	...	...	1	1
Psoas, lumbar and post-pharyngeal abscesses (spinal) . . . .	1	'32	...	1	...	...	...	...	3	1	...	4	...
Rupture of muscles . . . .	5	'37	...	1	...	...	...	...	1	...	...	...	...
„ tendons . . . . .	...	'01	...	...	...	...	...	...	...	...	...	...	...
Stiff joint . . . . .	11	'85	...	2	...	...	1	...	2	...	1	...	...
Synostosis . . . . .	5	'26	...	1	...	...	...	...	...	...	...	...	...
Synovitis . . . . .	756	45'72	...	7	1	...	2	...	645	...	9	205	1
Tenosynovitis . . . . .	6	'8	...	...	...	...	...	...	13	...	1	2	...
Thecal abscess . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Un-united fracture, . . . .	3	'36	...	...	...	...	...	...	...	...	...	2	...
DISEASES OF THE CONNECTIVE TISSUE—													
Abscess of the connective tissue .	721	34'90	...	1	10	...	11	...	1,554	1	1	3,606	4
Elephantiasis „ „ .	...	...	...	...	...	...	...	...	2	1	1	10	...
Emphysema „ „ .	...	...	...	...	...	...	...	...	...	...	...	1	...
Gangrene „ „ .	...	...	...	...	...	...	...	...	3	...	1	5	2
Inflammation „ „ .	875	37'16	...	1	11	...	17	...	467	...	2	990	19
Œdema „ „ .	12	'43	...	...	...	...	...	...	7	...	...	38	2
DISEASES OF THE SKIN—													
Acne . . . . .	13	'84	...	...	...	...	...	...	17	...	...	2	...
Alopecia . . . . .	1	'08	...	...	...	...	...	...	...	...	...	...	...
Boil . . . . .	908	29'80	...	...	16	...	26	...	908	...	...	1,296	...
Bromidrosis . . . . .	2	'04	...	...	...	...	...	...	...	...	...	...	...
Callosity . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Carbuncle . . . . .	20	'69	...	...	...	...	...	...	34	...	...	192	2
Corn . . . . .	21	1'12	...	...	...	...	...	...	15	...	...	6	...
Delhi boil . . . . .	19	1'20	...	...	...	...	...	...	360	...	...	15	...
Dermatitis herpetiformis . .	2	'06	...	...	...	...	...	...	21	...	...	6	...
„ seborrhœica . . . .	1	'05	...	...	...	...	...	...	5	...	...	...	...
Eczema . . . . .	357	18'66	...	...	3	...	13	...	373	...	1	369	...
Erythema . . . . .	14	'36	...	...	...	...	2	...	15	...	...	7	...
Folliculitis . . . . .	11	'62	...	...	...	...	...	...	1	...	...	...	...
Gangrene . . . . .	...	...	...	...	...	...	...	...	5	1	...	2	...
Herpes . . . . .	36	98	...	...	1	...	...	...	98	...	...	43	...
Hidrocystoma . . . . .	5	'13	...	...	...	...	...	...	...	...	...	...	...

TABLE LIII—continued.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	Men.				WOMEN.		CHILDREN.		Admis-sions.	Deaths.	Invalid.	Admis-sions.	Deaths.
	Admis-sions.	Constantly sick.	Deaths.	Invalids.	Admis-sions.	Deaths.	Admis-sions.	Deaths.					
DISEASES OF THE SKIN—concl'd.													
Hyperidrosis . . . . .	3	'07	...	...	...	...	...	...	1	...	...	...	...
Ichthyosis . . . . .	...	...	...	...	...	...	...	...	1	...	...	2	...
Impetigo, contagiosa . . . .	59	2'47	...	...	1	...	4	...	23	...	...	11	...
„ herpetiformis . . . . .	13	'41	...	...	...	...	3	...	13	...	...	..	...
Keratosis . . . . .	...	...	...	...	...	...	...	...	3	...	...	...	...
Leucoderma . . . . .	...	...	...	...	...	...	...	...	4	...	...	...	...
Lichen . . . . .	2	'08	...	...	...	...	...	...	12	...	...	12	...
Lupus erythematosus . . . .	1	'01	...	...	...	...	...	...	...	...	...	...	...
Molluscum contagiosum . . .	1	'05	...	...	...	...	...	...	...	...	...	...	...
Mycosis fungoides . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Œdemneonatorum . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Oaychia . . . . .	233	13'18	...	...	1	...	...	...	43	...	...	26	...
Pemphigus . . . . .	98	4'93	...	...	...	...	20	...	16	...	...	9	...
Pityriasis rosea . . . . .	1	'10	...	...	...	...	...	...	3	...	...	2	...
„ rubra . . . . .	2	'12	..	...	...	...	...	...	3	...	1	1	...
Prickly heat . . . . .	42	1'58	...	...	1	...	5	...	9	...	...	2	...
Prurigo . . . . .	...	...	...	...	...	...	...	...	4	...	...	4	...
Psoriasis . . . . .	55	4'44	...	...	...	...	...	...	30	...	...	17	...
Seborrhœa . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Sudamina . . . . .	1	'02	...	...	1	...	...	...	2	...	...	...	...
Sycosis . . . . .	42	2'48	...	1	...	...	...	...	15	...	...	2	...
Tropical phagedœna . . . .	...	...	...	...	...	...	...	...	...	...	...	2	2
Ulcer . . . . .	168	9'28	...	...	2	...	3	...	1,071	...	2	2,463	1
Urticaria . . . . .	40	1'00	...	...	2	...	3	...	97	...	...	48	...
Wart . . . . .	10	'84	...	...	...	...	...	...	11	...	...	5	...
Wen . . . . .	38	1'56	...	...	...	...	...	...	17	...	...	8	...
Whitlow . . . . .	92	2'87	...	...	2	...	...	...	306	...	2	309	...
Zona . . . . .	20	'74	...	...	...	...	...	...	76	...	...	47	...
INJURIES (GENERAL AND LOCAL) :—													
ACCIDENTAL —													
Abrasions . . . . .	673	24'74	...	...	...	...	4	...	3,701	...	1	89	...
Avulsion of part of limb . . .	2	'23	1	1	...	...	...	...	1	...	...	...	1
Brush-burn . . . . .	...	...	...	...	...	...	...	...	3	...	...	...	...
Burns and scalds . . . . .	70	3'05	1	...	3	1	13	...	355	4	1	240	1
Compression of the brain . . .	2	'14	...	...	...	...	...	...	1	1	...	1	1
„ „ chest . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Concussion of the brain . . . .	37	2'37	...	1	...	...	1	...	51	2	...	1	...
„ „ spinal cord . . . . .	2	'15	...	...	...	...	...	...	4	...	...	2	...
Contusions . . . . .	1,259	57'02	2	2	7	...	15	...	2,491	...	7	833	...
Contusion of abdomen with rupture of viscera . . . . .	1	'02	1	...	...	...	...	...	...	...	...	...	...
Dislocations . . . . .	91	6'60	...	2	1	...	2	1	106	...	7	17	1
Displacement of intra articular cartilage . . . . .	...	...	...	...	...	...	..	...	1	...	...	...	...
Effects of heat . . . . .	8	'21	...	...	...	...	...	...	...	...	...	...	...
„ irritants and corrosives .	4	'21	...	...	...	...	...	...	3	...	...	16	...
„ lightning . . . . .	3	'04	...	...	...	...	...	...	5	5	...	...	...



DISEASES.	EUROPEAN ARMY OF INDIA.								NAIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	A dmis- sions.	Deaths.					
INJURIES ACCIDENTAL—concl'd.													
Effects of sunlight . . . . .	1	'04	...	...	...	...	...	...	...	...	...	...	...
Foreign bodies in tissues and organs	18	1 22	...	...	...	...	1	...	19	...	...	25	...
Fractures . . . . .	456	41'49	11	12	4	..	14	...	534	10	32	348	11
Fracture of skull with rupture of spleen . . . . .	1	'01	1	...	...	...	...	...	...	...	...	...	...
„ „ spine with displacement	2	'07	1	1	...	...	...	...	...	1	...	...	1
Frost bite . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
Hæmatoma of pinna . . . . .	1	'01	...	...	...	...	...	...	1	...	...	...	...
Heat-stroke . . . . .	75	2'8	15	1	2	...	2	1	17	6	...	23	13
Internal derangement of knee-joints	23	2'12	...	2	...	...	...	...	2	...	...	...	...
Multiple injury . . . . .	1	'01	1	...	...	...	...	...	...	...	...	26	...
Ruptures . . . . .	11	'50	2	...	...	...	...	...	5	4	1	5	5
Rupture of bladder intra and extra-peritoneal . . . . .	1	'01	1	...	...	...	...	...	...	...	...	...	...
Separation of epiphysis from bone . . . . .	2	'26	...	...	...	...	1	...	1	...	...	...	...
Shock . . . . .	...	...	...	...	1	...	...	...	1	2	...	1	...
Slipped semilunar cartilage . . . . .	22	1'55	...	1	...	...	...	...	3	...	...	...	...
Starvation . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Strains and sprains . . . . .	1,385	58'68	...	1	1	...	3	...	1,613	...	1	251	...
Sub-conjunctival hæmorrhage . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Suffocation from over-laying . . . . .	...	...	...	...	...	...	1	1	...	...	...	...	...
Suffocation from plugging of air passages with foreign substance . . . . .	...	...	1	...	...	...	...	...	...	...	...	1	...
Suffocation from strangulation . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...
„ „ submersion . . . . .	...	...	17	...	...	...	...	...	...	8	...	...	...
Sunstroke . . . . .	30	'85	...	...	...	...	1	...	7	3	...	25	7
Traumatic meningeal hæmorrhage . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	2
Wounds . . . . .	1,238	57'24	1	6	3	...	20	...	5,389	2	5	2,956	12
„ gunshot . . . . .	28	3'29	4	6	...	...	...	...	69	5	11	4	...
INJURIES—HOMICIDAL—													
Cut-throat . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	...
Fracture of vault of skull . . . . .	...	...	...	...	...	...	...	...	2	2	...	...	...
Gunshot wound . . . . .	...	...	...	...	...	...	...	...	2	5	...	...	...
Killed while offering resistance to being re-captured . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	2
Murdered . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	...
Suffocation from strangulation . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	...
JUDICIAL—													
Hanging . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	8
Punished . . . . .	...	...	...	...	...	...	...	...	...	...	...	19	...
SUICIDAL—													
Cut throat . . . . .	3	...	4	...	...	...	...	...	...	...	...	...	...
Drowning . . . . .	...	...	3	...	...	...	...	...	...	...	...	...	1

# TABLE LIH—continued.

## DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
SUICIDAL—concl'd.													
Hanging . . . . .	1	...	5	...	...	...	...	...	...	1	...	...	11
Poison Lime . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
„ Opium . . . . .	...	...	...	...	...	...	...	...	1	1	...	...	...
Poison:—Potassium cyanide . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	...
„ strychnine . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	...
Wound of abdomen with wound of viscera . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Wound, gunshot . . . . .	1	...	7	...	...	...	...	...	2	3	...	...	...
NOT DEFINED—													
Cut-throat . . . . .	...	...	...	...	...	...	...	...	...	...	...	10	...
POISONS—													
Alcohol . . . . .	...	...	1	...	...	...	...	...	...	...	...	1	...
Arsenic . . . . .	...	...	...	...	...	...	...	...	...	3	...	2	2
Chloroform vapour . . . . .	2	...	2	...	...	...	...	...	1	1	...	...	...
Food, fish . . . . .	1	...	1	...	...	...	...	...	...	...	...	...	...
Indian hemp . . . . .	...	...	...	...	...	...	...	...	8	...	...	...	...
Iodide . . . . .	1	02	...	...	...	...	...	...	...	...	...	...	...
Irritant drug . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1
Kerosine oil . . . . .	...	...	...	...	...	...	1	...	...	...	...	1	...
Lead . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Lime . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Madar . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Mechanical irritants . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	...
Mercury . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Opium . . . . .	1	06	...	...	...	...	...	...	1	1	...	6	3
Oxalic acid . . . . .	3	52	...	2	...	...	...	...	...	...	...	...	...
Pounded glass . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Ptomaines . . . . .	3	06	2	...	...	...	...	...	1	1	...	3	...
Quinine . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Sulphuric acid . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Tobacco . . . . .	1	03	...	...	...	...	...	...	...	...	...	...	...
Vegetable (not defined) . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Venom of cat . . . . .	1	01	...	...	...	...	...	...	...	...	...	...	...
„ „ cantharides . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
„ „ centipedes . . . . .	...	...	...	...	...	...	...	...	1	...	...	53	...
„ „ dog . . . . .	87	13'40	...	...	...	...	4	...	6	...	...	1	...
„ „ fox . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	...
„ „ monkey . . . . .	1	01	...	...	...	...	1	...	...	...	...	...	...
„ „ (not defined) . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
„ „ scorpions . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
„ „ snakes . . . . .	3	10	...	...	...	...	...	...	13	...	...	24	1
„ „ stinging insects . . . . .	4	15	...	...	...	...	...	...	20	...	...	8	...
„ „ wasp . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...



TABLE LIII—concluded.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis-sions.	Deaths.	Invalids.	Admis-sions.	Deaths.
	Admis-sions.	Constantly sick.	Deaths.	Invalids.	Admis-sions.	Deaths.	Admis-sions.	Deaths.					
Not appreciable disease . . .	217	11'79	...	...	135	...	32	...	23	...	...	29	...
Not yet diagnosed . . .	...	...	...	...	...	...	...	...	5	...	...	3	...
Cause unknown . . .	...	...	...	...	...	...	...	...	...	3	...	...	1
Deaths while on leave, etc. . .	...	...	...	...	...	...	...	...	...	259	...	...	...
Effects of antityphid vaccine . .	3	'04	...	...	...	...	...	...	...	...	...	...	...
TOTAL .	51,301	2,880'56	447	649*	2,335	30	2,386	170	76,901	999	756	84,387	2,809

{ Northern Army . 379=9'97  
{ Southern " . 270=8'59  
{ India . 649=9'07













ANNUAL REPORT  
OF THE  
SANITARY COMMISSIONER WITH THE  
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FOR  
1909,

WITH  
APPENDICES AND RETURNS OF SICKNESS AND MORTALITY AMONG  
EUROPEAN TROOPS, NATIVE TROOPS, AND PRISONERS  
IN INDIA, FOR THE YEAR.



CALCUTTA  
SUPERINTENDENT GOVERNMENT PRINTING, INDIA  
1911